

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005347
1. Entity Name
PALM WALK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1200 PALM WALK LN.
FT. PIERCE, FL 34950**

Mailing Address
**1200 PALM WALK LN.
FT. PIERCE, FL 34950**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0718010 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**POWELL, WAYNE
1200 PALM WALK LN.
FT. PIERCE, FL 34950**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POWELL, WAYNE
STREET ADDRESS	1200 PALM WALK LN.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	COBB, PAT
STREET ADDRESS	1201 PALM WALK LN.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	KING, WANDA D
STREET ADDRESS	1202 PALM WALK LN.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	WHITFIELD, EDDIE
STREET ADDRESS	1207 PALM WALK LN.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	D
NAME	WILLIAMS, CONSTANCE A
STREET ADDRESS	1203 PALM WALK LN.
CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000506698
04/27/06-80034-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda D King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

4-10-06 772-468-3429
Date Daytime Phone #