


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005347 1. Entity Name PALM WALK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1200 PALM WALK LN. FT. PIERCE, FL 34950	Mailing Address 1200 PALM WALK LN. FT. PIERCE, FL 34950
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0718010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

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

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 04/03/07-80071-004 61.25

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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 3-19-07 772-468-3429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #