


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 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
---	---

DO NOT WRITE IN THIS SPACE



04212008 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

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	

**DO NOT WRITE
IN THIS SPACE**

U00000917518
05/13/08-80048-022 61.25

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: <u>Wanda D. King</u>	Date: <u>4.21.08</u>	Daytime Phone #: <u>772-468-3429</u>
---------------------------------	----------------------	--------------------------------------