2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# N96000006398

Entity Name: PALM HARBOR MARINA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2412 PALM HARBOR DR.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 1126
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-3506243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARKLEROAD, KATHRYN
2412 PALM HARBOR DRIVE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CONNELLY, CONNIE
Address: 2415 PALM HARBO DR
City-St-Zip: F W B, FL 32547

Title: STD ( ) Delete
Name: HARKLEROAD, KATHRYN
Address: 2412 PALM HARBOR DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD ( ) Delete
Name: HUMPHREY, JAMES
Address: 2412 PALM HARBOR DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: CONNELY, STEVE
Address: 2412 PALM HARBOR DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD (X) Change ( ) Addition
Name: HARKLEROAD, KATHRYN
Address: 2412 PALM HARBOR DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN HARKLEROAD PD 04/04/2005

Electronic Signature of Signing Officer or Director — Date