

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90272 013 \*\*\*\*61.25

**DOCUMENT # N96000006398**

1. Entity Name

**PALM HARBOR MARINA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2412 PALM HARBOR DR.  
FORT WALTON BEACH FL 32547**

**PO BOX 1126  
SHALIMAR FL 32579  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3506243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**CONNELLY, STEVE**

Street Address (P.O. Box Number is Not Acceptable)

**2417 PALM HARBOR DR**

City

**FORT WALTON BEACH**

**FL**

Zip Code

**32547**

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

*[Signature]* **STEVEN R CONNELLY**

**17 FEB 06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **CONNELLY, CONNIE**  
STREET ADDRESS **2417 PALM HARBO DR**  
CITY-ST-ZIP **F W B FL 32547**

TITLE **STD** ☐ Delete  
NAME **CONNELLY, STEVE**  
STREET ADDRESS **2417 PALM HARBOR DRIVE**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **PD** ☐ Delete  
NAME **HARKLEROAD, KATHRYN**  
STREET ADDRESS **2412 PALM HARBOR DRIVE**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2417 PALM HARBOR DRIVE**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2417 PALM HARBOR DRIVE**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**17 FEB 06**

**850 884 3420**

Date

Daytime Phone #