


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90055 039 ****61.25

DOCUMENT # N96000006398 1. Entity Name PALM HARBOR MARINA HOMEOWNERS' ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 2412 PALM HARBOR DR. FORT WALTON BEACH, FL 32547			Mailing Address PO BOX 1126 SHALIMAR, FL 32579 US																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent CONNELLY, STEVE 2417 PALM HARBOR DR FT WALTON BCH, FL 37547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONNELLY, CONNIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2917 PALM HARBOR DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>F W B, FL 32547</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CONNELLY, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2417 PALM HARBOR DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH, FL 32547</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HARKLEROAD, KATHRYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2412 PALM HARBOR DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH, FL 32547</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DAVID HARKLEROAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2412 PALM HARBOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON FL 32547</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GLOVER, MATTHEW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2415 PALM HARBOR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON FL 32547</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VD	<input type="checkbox"/> Delete	NAME	CONNELLY, CONNIE		STREET ADDRESS	2917 PALM HARBOR DR		CITY-ST-ZIP	F W B, FL 32547		TITLE	STD	<input type="checkbox"/> Delete	NAME	CONNELLY, STEVE		STREET ADDRESS	2417 PALM HARBOR DR		CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		TITLE	PD	<input type="checkbox"/> Delete	NAME	HARKLEROAD, KATHRYN		STREET ADDRESS	2412 PALM HARBOR DRIVE		CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DAVID HARKLEROAD		STREET ADDRESS	2412 PALM HARBOR		CITY-ST-ZIP	FORT WALTON FL 32547		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GLOVER, MATTHEW		STREET ADDRESS	2415 PALM HARBOR		CITY-ST-ZIP	FORT WALTON FL 32547		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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, without other like empowered.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%;"> 8 Jan 07 <small>Date</small> </div> <div style="width: 30%;"> 850 884 3420 <small>Daytime Phone #</small> </div> </div>																																																																																																																													