

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90003 001 ****61.25

DOCUMENT # N97000005386

1. Entity Name

PALM GROVE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3530060

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

**TRIPPE, PAT
C/O MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE FL 32606**

Name

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

City

FL

Zip Code

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, 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, 2005**

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 PD ☐ Delete
NAME FOLTZ, BOB E
STREET ADDRESS 3546 NW 25TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Delete
NAME AINSWORTH, BRIAN
STREET ADDRESS 2532 NW 36TH LANE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VP ☐ Delete
NAME NORTON, BILL
STREET ADDRESS 2525 NW 36TH LANE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ Delete
NAME GARRETT, JENNIFER
STREET ADDRESS 2543 NW 34TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE SD ☐ Delete
NAME ANDREWS, JOANNE
STREET ADDRESS 3453 NW 25 TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME LEGRANDE, MICHAEL
STREET ADDRESS 2528 NW 37TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS Anderson, Jo Anne
CITY-ST-ZIP 3453 NW 25 Terr.
Gainesville, FL 32605

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 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 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

3-15-05

Date

352 377-8486

Daytime Phone #