

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90081 028 \*\*\*\*61.25

<b>DOCUMENT # N97000006490</b>					
<b>1. Entity Name</b> THE PALMS NEIGHBORHOOD ASSOCIATION OF THE PALMS AT HAMPTON LAKES, INC.					
<b>Principal Place of Business</b> 498 PALM SPRINGS DR., #235 ALTAMONTE SPRINGS, FL 32701    US			<b>Mailing Address</b> 498 PALM SPRINGS DR., #235 ALTAMONTE SPRINGS, FL 32701    US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3553683	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BOYLE, JAMES W BOYLE MANAGEMENT SERVICES, INC. 498 PALM SPRINGS DR., #235 ALTAMONTE SPRINGS, FL 32701				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVP SHEELER, LAWRENCE M <input type="checkbox"/> Delete 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS, FL 32714			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP MAKRANSKY, JAMES <input checked="" type="checkbox"/> Delete 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS, FL 32714			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST Debbie Riggs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 385 Douglas Ave. Suite 2000 Altamonte Springs, FL 32714
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST KENNEY, SHAWN <input checked="" type="checkbox"/> Delete 385 DOUGLAS AVE., STE 2000 ALTAMONTE SPGS, FL 32714			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D.V. Lundegum-Brett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 385 Douglas Ave. Suite 2000 Altamonte Springs, FL 32714
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lawrence M. Sheeler</i> 4/11/05    407-838-4633					