

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90059 027 ****61.25

DOCUMENT # N98000006665					
1. Entity Name PALATLAKAHA ENVIRONMENTAL AND AGRICULTURAL RESERVE ASSOCIATION, INC.					
Principal Place of Business 5336 UNIVERSITY AVENUE LEESBURG, FL US			Mailing Address P.O BOX 424 OKAHUMPKA, FL 32762-0424 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 59-3745584	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SALZMAN, GARY S 26019 GLEN EAGLE DR. LEESBURG, FL 34748				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALZMAN, GARY 26019 GLEN EAGLE DR. LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARGARET MURPHY 146 JACARANDA DRIVE LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHLACHTENHAUFEN, ED 5125 RIVER EDGE DR LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ELEANOR HALL 1637 BLACKFOOT COURT LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, GEORGE 167 JACARANDA DR. LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGGY URBAN 154 AZALEA TRAIL LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULEY, EUGENE 25228 WATERBRIDGE CT. LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORVEL, WALTER 6629 HOPI TRAIL LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition WALTER, ORVEL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELGLEIZE, CHRISTIANE 26243 GLEN EAGLE DR LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition D	
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: <u>GARY S. SALZMAN</u>			2-3-2005 352-323-6138		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		