

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 03, 2004  
Secretary of State**

DOCUMENT# N35381

Entity Name: PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1221 HANCOCK CIR  
ST. CLOUD, FL 34769 US

**Current Mailing Address:**

**New Mailing Address:**

1221 HANCOCK CIR  
ST. CLOUD, FL 34769 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BOESSEL, DON  
1221 HANCOCK CIR  
ST. CLOUD, FL 34769 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOESSEL, DON  
Address: 1221 HANCOCK CIR  
City-St-Zip: ST. CLOUD, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Delete  
Name: HARVELL, TERRY  
Address: 1214 HANCOCK CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: KNIGHT, TERRY  
Address: 1245 HANCOCK CIRCLE  
City-St-Zip: ST. CLOUD, FL 34744

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: SWEET, JOEL  
Address: 1225 HANCOCK CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY HARVELL

T

05/03/2004

Electronic Signature of Signing Officer or Director

Date