

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

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90061 039 ****61.25



DOCUMENT # 769588
1. Entity Name
THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.

Principal Place of Business
**117 FIRST STREET
LORIDA FL 33857
US**

Mailing Address
**P.O. BOX 364
LORIDA FL 33857
US**



2. Principal Place of Business
117 DOMINION ST

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State
LORIDA FL

City & State

4. FEI Number
59-2412625

Applied For
 Not Applicable

Zip
33857

Country

Zip
Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOHNSON, HARRY C
117 FIRST STREET
LORIDA FL 33857**

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
EXECUTIVE DIRECTOR
SIGNATURE **HARRY C. JOHNSON** *Harry C. Johnson* **March 24, 2005**
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	P	<input checked="" type="checkbox"/> Delete
NAME	HARSH, NORMAN	
STREET ADDRESS	P O BOX 157	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALTER, GINGRICH	
STREET ADDRESS	3651 US HWY 27 S #583	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KNICELY, GENE	
STREET ADDRESS	152 LIVE OAK, P.O. BIX 103	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEAN, JANET	
STREET ADDRESS	1716 LAUREL DR./P.O.BOX 363	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE		<input type="checkbox"/> Delete
NAME	BAUMAN, RAY	
STREET ADDRESS	213 First STREET/P.O. BOX 595	
CITY-ST-ZIP	LORIDA FL 33857	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, HARRY C	
STREET ADDRESS	117 FIRST STREET /P.O. BOX 364	
CITY-ST-ZIP	LORIDA FL 33857	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER GINGRICH	
STREET ADDRESS	3651 US HWY 27 S #583	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ED KENDALL	
STREET ADDRESS	230 E. WATSON ST.	
CITY-ST-ZIP	BEDFORD, PA. 15522	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER DAVIS	
STREET ADDRESS	13 KALTEN RD	
CITY-ST-ZIP	WESTMINISTER, MD 21158	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Bauman	
STREET ADDRESS	213 Dominion St / P.O. Box 595	
CITY-ST-ZIP	Lorida FL 33857	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	117 Dominion St	
STREET ADDRESS	P.O. Box 364	
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: *Harry C. Johnson* **HARRY C. JOHNSON** **3-24-05** **863-655-1909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #