## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769588** 

Entity Name: THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.

FILED
Jan 10, 2017
Secretary of State
CC5504547517

Date

**Current Principal Place of Business:** 

117 DOMINION ST LORIDA, FL 33857

**Current Mailing Address:** 

P.O. BOX 364

LORIDA, FL 33857 US

FEI Number: 59-2412625 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLER, MICHAEL 117 DOMINION ST LORIDA, FL 33857 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: MICHAEL KELLER 01/10/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRES Title 1VP

NameKELLER, MICHAELNameMALETTE, ROGERAddress12970 STATE ROAD 49Address1209 SUPERIOR ST

City-State-Zip: EDON OH 43518 City-State-Zip: SAULTE ST. MARIE MI 49783

Title2VPTitleTREASURERNameCALHOUN, PETENameAXE, MARGARET

Address 4403 N STATE ROAD #1 Address 1508 LANCASTER PIKE

City-State-Zip: FARMLAND IN 47340 City-State-Zip: QUARRYVILLE PA 17566

TitleSECRETARYTitlePARK MANAGERNameVAN PELT, BEVERLYNameWILSON, KAREN

Address 18248 RINGGOLD SOUTHERN RD. Address PO BOX 303

Electronic Signature of Signing Officer/Director Detail

117 DOMINION

City-State-Zip: CIRCLEVILLE OH 47561 City-State-Zip: LORIDA FL 33857

I hereby 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 all other like empowered.

SIGNATURE: KAREN WILSON PARK MANAGER 01/10/2017