

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769588

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

**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:**

WHITE, LINDA  
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:** LINDA WHITE

03/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            WHITE, LINDA  
Address        12970 STATE ROAD 49  
City-State-Zip: EDON OH 43518

Title            1VP  
Name            KELLER, MIKE  
Address        1010 WOODLAND DR  
City-State-Zip: QUARRYVILLE PA 17566

Title            2VP  
Name            CALHOUN, PETE  
Address        4403 N STATE ROAD #1  
City-State-Zip: FARMLAND IN 47340

Title            TREASURER  
Name            AXE, MARGARET  
Address        1508 LANCASTER PIKE  
City-State-Zip: QUARRYVILLE PA 17566

Title            SECRETARY  
Name            VAN PELT, BEVERLY  
Address        18248 RINGGOLD SOUTHERN RD.  
City-State-Zip: CIRCLEVILLE OH 47561

Title            PARK MANAGER  
Name            PARSONS, JEFF  
Address        PO BOX 364  
                 117 DOMINION  
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:** JEFF PARSONS

**PARK MANAGER**

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date