


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90204 010 ****61.25

DOCUMENT # N14247
 1. Entity Name
PALM SHORES ASSOCIATION, INC.



Principal Place of Business Mailing Address
PALM SHORES P.O. BOX 562 INTERLACHEN FL 32148 US



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HOGUE, BARBARA A
 III IRON AVENUE
 INTERLACHEN FL 32148**

7. Name and Address of New Registered Agent

Name **Connie Johnson**
 Street Address (P.O. Box Number is Not Acceptable)
101 Tempest St
 City **Interlachen** FL Zip Code **32148**

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 *Constance Johnson* DATE **Mar 31, 2006**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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 type="checkbox"/> Delete
NAME	SPRAGUE, MARY	
STREET ADDRESS	4070 FARRELL AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWIFT, RAY	
STREET ADDRESS	124 BOLLGREEN DRIVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JERRI	
STREET ADDRESS	337 E RIVER ROAD	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOGUE, BARBARA	
STREET ADDRESS	111 IRON AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	HOGUE, JOSEPH	
STREET ADDRESS	11 IRON AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	BM	<input type="checkbox"/> Delete
NAME	GAGNE, VICTOR	
STREET ADDRESS	114 VELVET STREET	
CITY-ST-ZIP	INTERLACHEN FL 32148	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hogue Joseph	
STREET ADDRESS	11 Iron Ave.	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Connie	
STREET ADDRESS	101 Tempest St.	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snyder Berdina	
STREET ADDRESS	131 Velvet St.	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Constance Johnson* DATE: **Mar 31** 386-684-4301