


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90011 031 \*\*\*\*61.25

DOCUMENT # N14247			
1. Entity Name PALM SHORES ASSOCIATION, INC.			
Principal Place of Business PALM SHORES P.O. BOX 562 INTERLACHEN, FL 32148 US		Mailing Address PALM SHORES P.O. BOX 562 INTERLACHEN, FL 32148 US	
2. Principal Place of Business - No P.O. Box # PALM SHORES Association, 133 REAVES AVE Suite, Apt. #, etc. 133 REAVES AVE		3. Mailing Address 133 REAVES AVE Suite, Apt. #, etc.	
City & State INTERLACHEN FL		City & State INTERLACHEN FL	
Zip 32148	Country PUYUAMI	Zip 32148	Country US
6. Name and Address of Current Registered Agent JOHNSON, CONNIE 101 TEMPEST ST INTERLACHEN, FL 32148		7. Name and Address of New Registered Agent Name: CZARKOWSKI, HELEN Street Address (P.O. Box Number is Not Acceptable): 133 REAVES AVE 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: <u>Helen Garkowski, Treasurer</u> DATE: <u>3-1-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P <input checked="" type="checkbox"/> Delete NAME: SPRAGUE, MARY STREET ADDRESS: 4070 FARRELL AVE CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: HOGUE, Joseph STREET ADDRESS: 111 IRON AVE CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: VP <input checked="" type="checkbox"/> Delete NAME: SWIFT, RAY STREET ADDRESS: 124 BOLLGREEN DRIVE CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: GAGNE, VICTOR STREET ADDRESS: 114 VELVET STREET CITY-ST-ZIP: INTERLACHEN, FL 32148
TITLE: S <input checked="" type="checkbox"/> Delete NAME: HOGUE, JOSEPH STREET ADDRESS: 11 IRON AVE CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: HOGUE, BARARA STREET ADDRESS: 111-IRON STREET CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: T <input checked="" type="checkbox"/> Delete NAME: JOHNSON, CONNIE STREET ADDRESS: 101 TEMPEST ST CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CLARKOWSKI, HELEN M STREET ADDRESS: 133 REAVES AVE CITY-ST-ZIP: INTERLACHEN, FL 32148
TITLE: BM <input checked="" type="checkbox"/> Delete NAME: SNYDER, BERDINA STREET ADDRESS: 131 VELVET ST CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: BM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SWIFT, RAYMOND STREET ADDRESS: 124 BOLLGREEN DRIVE CITY-ST-ZIP: INTERLACHEN, FL 32148	TITLE: BM <input checked="" type="checkbox"/> Delete NAME: GAGNE, VICTOR STREET ADDRESS: 114 VELVET STREET 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Helen Garkowski, Treasurer</u>		Date: <u>3-1-2007</u> Daytime Phone #: <u>1-386-684 3429</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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02122007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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