


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90009 031 ****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 - No P.O. Box # 3. Mailing Address
111 IRON AVENUE P.O. Box 562
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Inter Lachen, Fl. Inter Lachen, Fl.
Zip Country Zip Country
32148 Putnam 32148 Putnam



1st MOORE CR2E037 (10/07)

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
**JOHNSON, CONNIE
101 TEMPEST ST
INTERLACHEN FL 32148**

7. Name and Address of New Registered Agent
Name **Barbara A. Hogue**
Street Address (P.O. Box Number is Not Acceptable) **111 Iron Avenue**
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 **BARBARA A. HOGUE** *Barbara A Hogue* **2-15-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | SPRAGUE, MARY <input checked="" type="checkbox"/> Delete 4070 FARRELL AVE INTERLACHEN FL 32148 |
| TITLE VP NAME STREET ADDRESS CITY-ST-ZIP | SWIFT, RAY <input checked="" type="checkbox"/> Delete 124 BOLLGREEN DRIVE INTERLACHEN FL 32148 |
| TITLE S NAME STREET ADDRESS CITY-ST-ZIP | HOGUE, JOSEPH <input checked="" type="checkbox"/> Delete 11 IRON AVE INTERLACHEN FL 32148 |
| TITLE T NAME STREET ADDRESS CITY-ST-ZIP | JOHNSON, CONNIE <input checked="" type="checkbox"/> Delete 101 TEMPEST ST INTERLACHEN FL 32148 |
| TITLE BM NAME STREET ADDRESS CITY-ST-ZIP | SNYDER, BERDINA <input type="checkbox"/> Delete 131 VELVET ST INTERLACHEN FL 32148 |
| TITLE BM NAME STREET ADDRESS CITY-ST-ZIP | GAGNE, VICTOR <input checked="" type="checkbox"/> Delete 114 VELVET STREET INTERLACHEN FL 32148 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE P NAME STREET ADDRESS CITY-ST-ZIP | HOGUE, Joseph N. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 IRON AVENUE InterLachen, Fl. 32148 |
| TITLE VP NAME STREET ADDRESS CITY-ST-ZIP | GAGNE, Victor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 Velvet Street InterLachen, Fl. 32148 |
| TITLE S NAME STREET ADDRESS CITY-ST-ZIP | Czarkowski, Helen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 133 Reaves Avenue InterLachen, Fl. 32148 |
| TITLE T NAME STREET ADDRESS CITY-ST-ZIP | HOGUE, BARBARA A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 IRON AVENUE InterLachen, Fl. 32148 |
| TITLE Bm NAME STREET ADDRESS CITY-ST-ZIP | SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE Bm NAME STREET ADDRESS CITY-ST-ZIP | Swift, Ray <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 124 Bollgreen Drive InterLachen, Fl. 32148 |

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: **Barbara A. Hogue** - **BARBARA A. HOGUE** **2-15-08** **386-684-3017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR