

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000661

FILED
Apr 09, 2009
Secretary of State

Entity Name: PALM ISLAND GULF VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7092 PLACIDA ROAD
CAPE HAZE, FL 33946

New Principal Place of Business:

7092 PLACIDA ROAD
CAPE HAZE, FL 33946 US

Current Mailing Address:

7092 PLACIDA ROAD
CAPE HAZE, FL 33946

New Mailing Address:

7092 PLACIDA ROAD
CAPE HAZE, FL 33946 US

FEI Number: 20-2592430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMOUR, CRAIG
7092 PLACIDA RD
CAPE HAZE, FL 33946 US

Name and Address of New Registered Agent:

REMOUR, CRAIG A
7092 PLACIDA RD
CAPE HAZE, FL 33946 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: CRAIG A. REMOUR

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHEWS, JACK
Address: 1660 S STEMMONS FWY SUITE 100
City-St-Zip: LEWISVILLE, TX 75067

Title: D () Delete
Name: DONNANTUONI, PETER
Address: 15208 GULF BLVD #207
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D () Delete
Name: GILLESIDE, EDWARD
Address: PO BOX 1104
City-St-Zip: MT PLEASANT, SC 29465

Title: D () Delete
Name: BUFFET, TOM
Address: 683 MOURNING DOVE DR
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: HUGHES, MARK
Address: 603 MONTICELLO LANE
City-St-Zip: KENNETT SQUARE, PA 19348

Title: P () Delete
Name: MCGOWAN, EUGENE
Address: 308 E PEMBROOK CIR
City-St-Zip: SIOUX FALLS, SD 57108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MATHEWS, JACK
Address: 1660 S STEMMONS FWY SUITE 100
City-St-Zip: LEWISVILLE, TX 75067 US

Title: P (X) Change () Addition
Name: DONNANTUONI, PETER
Address: 15208 GULF BLVD #207
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: T (X) Change () Addition
Name: KOZICZ, PETER
Address: 1416 LAKESHORE ROAD
City-St-Zip: EAST OAKVILLE, ONTARIO, ON L6J 1M1 CA

Title: S (X) Change () Addition
Name: KAPLAN, ANNETTE
Address: P O BOX 2360
City-St-Zip: LONGBEACH TOWNSHIP, NJ 08008 US

Title: D (X) Change () Addition
Name: SCHOLLETT, FRANK
Address: 2000 SNOWFLAKE TRAIL
City-St-Zip: TRAVERSE CITY, MI 496849728 US

Title: D (X) Change () Addition
Name: GILLESPIE, EDWARD
Address: P O BOX 1104
City-St-Zip: MT PLEASANT, SC 29465

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG A. REMOUR

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date