

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 06, 2008
Secretary of State

DOCUMENT# N04000002068

Entity Name: PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

Current Principal Place of Business:

C/O SCPM
645 CLASSIC CT STE 104
MELBOURNE, FL 32940

New Principal Place of Business:

C/O: FAIRWAY MANAGEMENT
1331 BEDFORD DRIVE #103
MELBOURNE, FL 32940

Current Mailing Address:

C/O SCPM
645 CLASSIC CT STE 104
MELBOURNE, FL 32940

New Mailing Address:

C/O: FAIRWAY MANAGEMENT
1331 BEDFORD DRIVE #103
MELBOURNE, FL 32940

FEI Number: 20-0865340 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCPM
645 CLASSIC CT STE 104
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

KENNEY, JAMES
1331 BEDFORD DRIVE
#103
MELBOURNE, FL 32940 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: JAMES KENNEY 11/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ENGLE, CRISTINA
Address: 3172 GLENRIDGE CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: MORRIS, TINA
Address: 2562 GLENRIDGE CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: POIRIE, EMILY
Address: 2563 GLENRIDGE CIR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: GILLIAM, ECHO
Address: 3043 GLENRIDGE CR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P () Delete
Name: SHAFFER, CHRISTINE
Address: 2833 GLENRIDGE CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES KENNEY RA 11/06/2008

Electronic Signature of Signing Officer or Director Date