

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30998

FILED
Mar 30, 2009
Secretary of State

Entity Name: PALM BREEZES HOMEOWNERS ASSO. INC.

Current Principal Place of Business:

3440 LAKE OVERLOOK PLACE
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

3440 LAKE OVERLOOK PLACE
LANTANA, FL 33462

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUESNEL, NICOLE F
3428 SEACOAST ST.
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: QUESNEL, NICOLE F
Address: 3428 SEACOAST ST.
City-St-Zip: LANTANA, FL 33462

Title: PD () Delete
Name: OLSON, GERALD
Address: 6092 PALM BREEZES DR.
City-St-Zip: LANTANA, FL 33462

Title: SD () Delete
Name: DRESCHER, ANN
Address: 3416 LAKE OVERLOOK PLACE
City-St-Zip: LANTANA, FL 33462

Title: VP () Delete
Name: MIRABILE, ANITA
Address: 6096 SEA SHORE RD.
City-St-Zip: LANTANA, FL 33462

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:

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: NICOLE F. QUESNEL

TD

03/30/2009

Electronic Signature of Signing Officer or Director

Date