

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34635

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: PROMENADE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-2982262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLAN, JAMES M  
4174 WOODLANDS PKWY.  
PALM HARBOR, FL 34685 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: PD ( ) Delete  
Name: CARBONI, MICHAEL J  
Address: 1946 PROMENADE WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: TDD ( ) Delete  
Name: DRAKE, RANDY  
Address: 1981 PROMENADE WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: RUCKER, LYNDIA  
Address: 1989 PROMENADE WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CARBONI, MICHAEL J  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: TDD (X) Change ( ) Addition  
Name: DRAKE, RANDY  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: SD (X) Change ( ) Addition  
Name: GAUTREAU, MIKE  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: VP ( ) Change (X) Addition  
Name: GAUTREAU, MIKE  
Address: 4174 WOODLANDS PARKWAY  
City-St-Zip: PALM HARBOR, FL 34685

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 NOLAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

AGEN

02/06/2008

\_\_\_\_\_  
Date