

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44453

FILED  
Apr 16, 2004  
Secretary of State

Entity Name: PALISADES HOMEOWNER'S ASSOCIATION, INC.

## Current Principal Place of Business:

C/O TRI FIVE PROP MGMT  
10649 MASTERS DRIVE  
CLERMONT, FL 34711 US

## New Principal Place of Business:

2180 WSET SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

## Current Mailing Address:

C/O MID-FLORIDA MGMT  
5025 S US HWY 17-92  
CASSELBERRY, FL 327073815 US

## New Mailing Address:

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

FEI Number: 59-3083229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRATT, JAMES R ESQUIRE  
369 N NEW YORK AVE  
3RD FLOOR  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

HART, JAMES W JR  
C/O SENTRY MANAGEMENT INC  
2180 WEST 434 SUITE 5000  
LONGWOOD, FL 32779 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 W HART JR

04/16/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: LUBIN, LAWRENCE  
Address: 10649 MASTERS DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: D ( ) Delete  
Name: VICE, EDWIN  
Address: 10649 MASTERS DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: VD ( ) Delete  
Name: MONDELL, PAUL  
Address: 10649 MASTERS DRIVE  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LUBIN, LAWRENCE  
Address: 10649 MASTERS DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: VPD (X) Change ( ) Addition  
Name: MONDELL, PAUL  
Address: 10649 MASTERS DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

Title: D (X) Change ( ) Addition  
Name: LIBERNINI, TED  
Address: 10649 MASTERS DRIVE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAWRENCE LUBIN

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date