

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005356

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: PALM LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 311  
WINDERMERE, FL 34786

**New Principal Place of Business:**

8672 CRESTGATE CIR.  
ORLANDO, FL 32819

**Current Mailing Address:**

PO BOX 311  
WINDERMERE, FL 34786

**New Mailing Address:**

PO BOX 311  
WINDERMERE, FL 3478

FEI Number: 59-3284750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOLGEMUTH, ROBERT  
8600 CRESTGATE CIRCLE  
ORLANDO, FL 32819 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: ARB ( ) Delete  
Name: HUMPHREY, DENNIS  
Address: 8637 CRESTGATE CIR.  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: CUMMINGS, JERRY  
Address: 8672 CRESTGATE CIR.  
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete  
Name: WOLGEMUTH, ROBERT  
Address: 8600 CRESTGATE CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete  
Name: MCCLOSKEY, ADRIAN  
Address: 8660 CREST GATE CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: SEC ( ) Delete  
Name: RYAN, BARBARA  
Address: 8716 CRESTGATE CIR  
City-St-Zip: ORLANDO, FL 32819

**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: JERRY CUMMINGS

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date