

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011050

**Entity Name:** PALM RIVER TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC3686227728**

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number: 20-4354030**

**Certificate of Status Desired: No**

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

ASSOCIA GULF COAST, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 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: MICHAEL FLEMING**

**02/18/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RYAN, JOHN  
Address 9887 FOURTH STREET NORTH  
SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title VPD  
Name SINGLETON, GREG  
Address 9887 FOURTH STREET NORTH  
SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY, TREASURER  
Name LAWSON, MICHAEL  
Address 9887 FOURTH STREET NORTH  
SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN RYAN**

**PRESIDENT**

**02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date