| Entity Name: PALM HAVEN TOWNHOUSE ASSOCIATION, INC.  |  | DN, INC.                 | Secretary of State<br>CC9497759763                 |            |
|--|--|--------------------------|--|------------|
| Current Prin<br>3632 S CENTRA<br>FLAGLER BEAG  |  |                          | 669497   | 139103     |
| Current Mai  | ling Address:  |                          |  |            |
| PO BOX 102<br>FLAGLER B  | 2<br>EACH, FL 32136 US   |                          |  |            |
| FEI Number   | : 59-2508744   |                          | Certificate of Status Des                          | ired: No   |
| Name and A   | ddress of Current Registered Agent:  |                          |  |            |
| WILDMAN, SUS<br>3632 S. CENTR  |  |                          |  |            |
| FLAGLER DEA  |  |                          |  |            |
|  | I entity submits this statement for the purpose of changing its reg  | gistered office or regis | tered agent, or both, in the State of Flo          | orida.     |
| The above named  |  | gistered office or regis | tered agent, or both, in the State of Flo          |            |
| The above named  | f entity submits this statement for the purpose of changing its reg  | gistered office or regis | tered agent, or both, in the State of Flo          |            |
| The above named  | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent   | gistered office or regis | tered agent, or both, in the State of Flo          | 02/01/2016 |
| The above named  | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent   | gistered office or regis | tered agent, or both, in the State of Flo          | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Diree  | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :  |                          |  | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Direc<br>Title   | <ul> <li>d entity submits this statement for the purpose of changing its reg</li> <li>SUSAN WILDMAN</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>S/T</li> </ul>   | Title                    | VP   | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Dired<br>Title<br>Name   | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>S/T<br>WILDMAN, SUSAN<br>3632 S CENTRAL AVENUE  | Title<br>Name            | VP<br>DECROSTA, CONCHETTA<br>3636 S CENTRAL AVENUE | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Dired<br>Title<br>Name<br>Address  | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>S/T<br>WILDMAN, SUSAN<br>3632 S CENTRAL AVENUE  | Title<br>Name<br>Address | VP<br>DECROSTA, CONCHETTA<br>3636 S CENTRAL AVENUE | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Direc<br>Title<br>Name<br>Address<br>City-State-Zip:                             | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>S/T<br>WILDMAN, SUSAN<br>3632 S CENTRAL AVENUE<br>FLAGLER BEACH FL 32136                              | Title<br>Name<br>Address | VP<br>DECROSTA, CONCHETTA<br>3636 S CENTRAL AVENUE | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Dired<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title                    | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>S/T<br>WILDMAN, SUSAN<br>3632 S CENTRAL AVENUE<br>FLAGLER BEACH FL 32136<br>PRESIDENT                 | Title<br>Name<br>Address | VP<br>DECROSTA, CONCHETTA<br>3636 S CENTRAL AVENUE | 02/01/2016 |
| The above named<br>SIGNATURE<br>Officer/Dired<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title<br>Name<br>Address | entity submits this statement for the purpose of changing its reg<br>SUSAN WILDMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>S/T<br>WILDMAN, SUSAN<br>3632 S CENTRAL AVENUE<br>FLAGLER BEACH FL 32136<br>PRESIDENT<br>WILDMAN, ROY | Title<br>Name<br>Address | VP<br>DECROSTA, CONCHETTA<br>3636 S CENTRAL AVENUE | 02/01/2016 |

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06618

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.

S/T

## SIGNATURE: SUSAN WILDMAN

Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2016