

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719649

FILED
Apr 07, 2009
Secretary of State

Entity Name: PALM BAY ASSOCIATION, INC.

Current Principal Place of Business:

5960 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5960 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1368543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBECK, DANIEL J ESQ.
THE LAW OFFICES OF LOBECK & HANSON, P.A.
2033 MAIN STREET, SUITE 403
SARASOTA, FL 34237 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: SD () Delete
Name: KRAEMER, BRIAN
Address: 4501 CULBREATH AVE
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: HALVERSON, ROY
Address: 471 DUCHAMP DR
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: MAYNARD, TOM
Address: 1050 SCHERER WAY
City-St-Zip: OSPREY, FL 34229

Title: PD () Delete
Name: WAKEFORD, SHELAGH
Address: 5966 MIDNIGHT PASS RD #51
City-St-Zip: SARASOTA, FL 34242

Title: TD () Delete
Name: SMITH, DAVID
Address: 306 WOODSTOCK AVE
City-St-Zip: KENILWORTH, IL 60043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MAYNARD, TOM
Address: 1050 SCHERER WAY
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZELSON, JOSEPH
Address: 44 MORWOOD
City-St-Zip: ST. LOUIS, MO 63141

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: SHELAGH WAKEFORD

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04/07/2009

Electronic Signature of Signing Officer or Director

Date