

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722164

FILED
Apr 29, 2009
Secretary of State

Entity Name: PALOMAR PLACE MANAGEMENT, INC.

Current Principal Place of Business:

1244 MAURY RD
ORLANDO FLA, 32804

New Principal Place of Business:

1244 MAURY RD
ORLANDO, FL 32804

Current Mailing Address:

1244 MAURY RD
ORLANDO FLA, FL 32804 US

New Mailing Address:

1244 MAURY RD
ORLANDO, FL 32804 US

FEI Number: 59-1447828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, BETTY A
1244 MAURY ROAD
ORLANDO, FL 32804 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: DT () Delete
Name: WALKER, BETTY
Address: 1244 MAURY ROAD
City-St-Zip: ORLANDO, FL

Title: PD () Delete
Name: MAXIE, CINNAMON
Address: 1234 MAURY RD
City-St-Zip: ORLANDO, FL 32804

Title: DVP () Delete
Name: STERN, JUDY
Address: 1248 MAURY RD
City-St-Zip: ORLANDO, FL 32804

Title: DS () Delete
Name: STEAWART, CAROL
Address: 1220 MAURY RD
City-St-Zip: ORLANDO, FL 32804

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:

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: BETTY A. WALKER

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date