

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731502

FILED
Apr 24, 2008
Secretary of State

Entity Name: PALM BEACH LITTLE RANCHES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

669 E. RAMBLING DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

669 E. RAMBLING DRIVE
WELLINGTON, FL 33414

New Mailing Address:

11605 SOUTH RAMBLING DRIVE
WELLINGTON, FL 33414

FEI Number: 59-2349756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANN, JAMES M.
669 EAST RAMBLING DRIVE
W PALM BEACH, FL 33414 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: PD () Delete
Name: PENDERGAST, JERRY
Address: 576 E RAMBLING DR
City-St-Zip: WELLINGTON, FL 33414

Title: VPD () Delete
Name: HAINLINE, STEVE
Address: 11949 ACME RD
City-St-Zip: WELLINGTON, FL 33414

Title: STD () Delete
Name: LAMARCA, JUDY
Address: 11605 SO. RAMBLING DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: WALLACE, LARRY
Address: 803 RAMBLING DR. CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: HALVORSROD, RANDY
Address: 852 CINDY DR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: SPENCER, PAT
Address: 676 W. RAMBLING DR
City-St-Zip: WELLINGTON, FL 33414

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:
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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: JUDY LAMARCA

MS

04/24/2008

Electronic Signature of Signing Officer or Director

Date