

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735036

FILED
Mar 28, 2009
Secretary of State

Entity Name: PALM ACRES HOME OWNERS' ASSOCIATION, INCORPORATED

Current Principal Place of Business:

14740 EDEN ST.
FT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 018191
FT MYERS, FL 33908 US

New Mailing Address:

16970 SAN CARLOS BLVD.
STE. 3, PMB 202
FT MYERS, FL 33908 US

FEI Number: 18-9281178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN
1833 HENDRY STREET
FORT MYERS, FL 33908 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: SPECHT, TIMOTHY P
Address: 14831 DAVID DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: HERNDON, ROBERT
Address: 14940 CANAAN DR.
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: RANDALL, CAREY O
Address: 14740 EDEN ST.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: BATTLES, TIMOTHY
Address: 14730 EDEN ST.
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: STELLICK, RITA
Address: 14861 DAVID DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: GOULKER, DIANE
Address: 14981 CANAAN DRIVE
City-St-Zip: FORT MYERS, FL 33908

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:

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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: CAREY O. RANDALL

TD

03/28/2009

Electronic Signature of Signing Officer or Director

Date