

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739899

FILED
Jan 12, 2009
Secretary of State

Entity Name: PALM TERRACE ASSOCIATION OF ORLANDO, FLORIDA, INC.

Current Principal Place of Business:

2420 READING DR.
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

2420 READING DR.
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2953408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLEY, LYNNE
2420 READING DR.
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: P () Delete
Name: POLLEY, LYNNE
Address: 2420 READING DR
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: HIGHTOWER, GEORGIA
Address: 1154 WESTERN WAY
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: CRIMMINGS, VIRGINIA
Address: 1022 BRYN MAWR ST
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: CRIMMINGS, CRAIG M
Address: 1022 BRYN MAWR ST
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: HURST, BILL
Address: 1146 WESTERN WAY
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: HAWKINS, HEATHER
Address: 1023 EASTERN WAY
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUFFIER, BILL
Address: 2404 READING DR
City-St-Zip: ORLANDO, FL 32804

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: V (X) Change () Addition
Name: POLLEY, LYNNE
Address: 2420 READING DRIVE
City-St-Zip: ORLANDO, FL 32804

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: LYNNE M. POLLEY

V

01/12/2009

Electronic Signature of Signing Officer or Director

Date