

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745103

FILED
Mar 02, 2009
Secretary of State

Entity Name: PALMWAY APARTMENTS, INC.

Current Principal Place of Business:

412 SOUTH PALMWAY #2
LAKE WORTH, FL 334604650 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6228
P O BOX 841
LAKE WORTH, FL 334666228 US

New Mailing Address:

P.O. BOX 6228
LAKE WORTH, FL 334666228 US

FEI Number: 59-1895680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSGROVE, CHARLES W.
2328 S. CONGRESS AVENUE
SUITE 1-D
WEST PALM BEACH, FL 33406 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: D () Delete
Name: VATTULAINEN, ELEANORA
Address: 412 S. PALMWAY, #5
City-St-Zip: LAKE WORTH, FL 33460

Title: P () Delete
Name: SISCO, BOB
Address: 412 S. PALMWAY, #2
City-St-Zip: LAKE WORTH, FL 33460

Title: V () Delete
Name: RANTALA, ANNA-LISA
Address: 412 S PALMWAY #6
City-St-Zip: LAKE WORTH, FL 33460

Title: ST () Delete
Name: CHANCEY, SUSAN D.
Address: 408 CHEYENNE DRIVE
City-St-Zip: LAKE WORTH, FL 33462

Title: VD () Delete
Name: RANTALA, HELY
Address: 412 S PALMWAY #4
City-St-Zip: LAKE WORTH, FL 33460

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:

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: BOB SISCO

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date