2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745499

FILED Apr 23, 2009 Secretary of State

Entity Name: THE PALMS OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 79901 OVERSEAS HWY ISLAMORADA, FL 33036 **Current Mailing Address: New Mailing Address:** 79901 OVERSEAS HWY ISLAMORADA, FL 33036 FEI Number: 59-1981338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRIAN, HESS FORTINO, SUSAN J 9108 FRONT BEACH RD 79901 OVÉRSEAS HIGHWAY PO BOX 9954 ISLAMORADA, FL 33036 PANAMA CITY, FL 32417 US 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: SUSAN J FORTINO 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BARR, JOY FORTINO, SUSAN J Name: Name: 79901 OVERSEAS HIGHWAY #311 Address: 79901 OVERSEAS HIGHWAY #311 Address: City-St-Zip: ISLAMORADA, FL 33037 City-St-Zip: ISLAMORADA, FL 33037 Title: Title: VP/D () Change (X) Addition () Delete Name: PRYOR, MARIE Name: Address: Address: 79901 OVERSEAS HIGHWAY City-St-Zip: City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: T/D () Change (X) Addition MOSLEY, JOHN Name: Name: Address: Address: 79901 OVERSEAS HIGHWAY City-St-Zip: City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: S/D () Change (X) Addition Name: Name: ERCKMANN, STEVEN 79901 OVERSEAS HIGHWAY Address: Address: City-St-Zip: City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: () Change (X) Addition BARR, JOY Name: Name: 79901 OVERSEAS HIGHWAY Address: Address: City-St-Zip: City-St-Zip: ISLAMORADA, FL 33036 Title: () Delete Title: () Change (X) Addition CONRAN, JOHN Name: Name: Address: Address: 79901 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 City-St-Zip: 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: SUSAN J FORTINO PRES 04/23/2009