

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746195

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE PALM MANOR I, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PALM MANOR CONDOMINIUM
1224 S. PALMETTO AVE #K1
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

PALM MANOR CONDOMINIUM
1224 S. PALMETTO AVE #K1
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2169945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, WILLIAM D
3112 S ATLANTIC AVE
DAYTONA BEACH, FL 32118 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: WILLIAMS, LINDA
Address: 67 RAINTREE DR
City-St-Zip: PORT ORANGE, FL 32129

Title: T (X) Delete
Name: PETIT, SCOTT
Address: 112 PINE ST
City-St-Zip: COURTLAND MANOR, NY 10567

Title: V () Delete
Name: INGHAM, ANDREINA
Address: 2273 ROBIN HOOD TRAIL
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: STD () Delete
Name: JONES, KIMBERLY
Address: 1224 S PALMETTO AVE., 2-G
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: LINDA WILLIAMS

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date