

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749786

FILED
Jan 07, 2009
Secretary of State

Entity Name: PALM LAKE ESTATES RESIDENT ASSOCIATION, INCORPORATED

Current Principal Place of Business:

808 53RD AVE. E.
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

808 53RD AVE E.
LOT 154
BRADENTON, FL 34203 US

New Mailing Address:

FEI Number: 59-2371790 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OKERMAN, LACREDA
808 53RD AVE E. 266K
BRADENTON, FL 34203 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: S () Delete
Name: WILHELM, LINDA
Address: 808 53RD AVE E #165
City-St-Zip: BRADENTON, FL 34203

Title: P () Delete
Name: PERRY, SHIRLEY
Address: 808 53RD AVE E #299
City-St-Zip: BRADENTON, FL 34203

Title: T () Delete
Name: OKERMAN, LACREDA J
Address: 808 53RD AVE E 266K
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: FECHER, PAT
Address: 808 53RD AVE E #244
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: LAFORGE, PEGGY
Address: 508 53RD AVE E 169J
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: GILES, JUDY
Address: 808 53RD AVE E #26
City-St-Zip: BRADENTON, FL 34203

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
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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: LACREDA OKERMAN

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date