

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751433

FILED
Apr 20, 2011
Secretary of State

Entity Name: PALMS OF DELRAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2560 ALBATROSS RD, N.
DELRAY BEACH, FL 33444

New Principal Place of Business:

2560 ALBATROSS RD, N.
DELRAY BEACH, FL 33444

Current Mailing Address:

C/O PROCAM MANAGEMENT
PO BOX 970055
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 59-2050329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCOTT, PETER B
107 NE 10TH STREET
DEL RAY BEACH, FL 33444 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: PTD
Name: BALL, JAY
Address: 2675 ALBATROSS ROAD NORTH 5-B
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VPD
Name: MOSER, STEVE
Address: 2590 ALBATROSS RD N 7-B
City-St-Zip: DELRAY BEACH, FL 33444

Title: D
Name: SCOTT, PETER B
Address: 107 NE 10TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: D
Name: HAZZARD, JOAN
Address: 2585 ALBATROSS RD N., 3-C
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: D
Name: SCHAMIS, RAYMOND
Address: 2590 ALBATROSS ROAD NORTH 7-D
City-St-Zip: DELRAY BEACH, FL 33444

I hereby 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 all other like empowered.

SIGNATURE: JAY BALL

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date