

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753552

FILED
Jul 02, 2007
Secretary of State

Entity Name: PALERMO ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

537 MARGINAL ROAD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

565 MARGINAL ROAD
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, TONY W
565 MARGINAL RD.
WEST PALM BEACH, FL 33411 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MILLER, TONY W.,
Address: 565 MARGINAL RD.
City-St-Zip: WEST PALM BEACH, FL

Title: PD () Delete
Name: SCHANEN, DAVID P.,
Address: 537 MARGINAL ROAD
City-St-Zip: W. PALM BCH., FL

Title: D () Delete
Name: HERTEL, ANDREW,
Address: 8541 7TH PLACE SOUTH
City-St-Zip: W. PALM BCH., FL

Title: D () Delete
Name: KOESTER, LARRY L.,
Address: 8613 7TH PL SO
City-St-Zip: W. PALM BCH., FL

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: TONY W. MILLER

ST

07/02/2007

Electronic Signature of Signing Officer or Director

Date