

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753945

FILED
Mar 09, 2009
Secretary of State

Entity Name: PALM ISLAND ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 5244
GROVE CITY, FL 34224

New Principal Place of Business:

101 GASPARILLA WAY
PALM ISLAND, FL 33946 US

Current Mailing Address:

P.O. BOX 5244
GROVE CITY, FL 34224

New Mailing Address:

P. O. BOX 5244
GROVE CITY, FL 34224 US

FEI Number: 59-2384306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, KAREN D
9 POINTE WAY
PALM ISLAND, FL 33946 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: PETERSON, CAROL
Address: 5 POINTE WAY
City-St-Zip: PALM ISLAND, FL 33946

Title: T () Delete
Name: GORDON, KAREN D
Address: 9 POINTE WAY
City-St-Zip: PALM ISLAND, FL 33946

Title: V () Delete
Name: MILROY, DON
Address: 420 S GULF BLVD
City-St-Zip: PALM ISLAND, FL 33946

Title: S () Delete
Name: PEACOCK, KIM
Address: 420 S GULF BLVD
City-St-Zip: PALM ISLAND, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILROY, DON
Address: 420 S GULF BLVD
City-St-Zip: PALM ISLAND, FL 33946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PETERSON, CAROL
Address: 5 POINTE WAY
City-St-Zip: PALM ISLAND, FL 33946

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: KAREN D. GORDON

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date