

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755893

FILED
Feb 18, 2009
Secretary of State

Entity Name: PALM RIVER HOMEOWNERS AND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 110002
NAPLES, FL 341080101 US

New Principal Place of Business:

587 CYPRESS WAY EAST
NAPLES, FL 341080101 US

Current Mailing Address:

PO BOX 110002
NAPLES, FL 341080002 US

New Mailing Address:

PO BOX 110002
NAPLES, FL 341080101 US

FEI Number: 59-2167714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOY, FRANCIS
587 CYPRESS WAY EAST
NAPLES, FL 34110 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: DT () Delete
Name: KARAKOSTA, DIANNA
Address: 654 CYPRESS WAY E.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BARTLETT, MARY
Address: 248 CYPRESS WAY W
City-St-Zip: NAPLES, FL 34110

Title: DP () Delete
Name: HOY, FRANCIS
Address: 587 CYPRESS WAY E
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: HUDSON, JAMES
Address: 266 FAIRWAY CIR
City-St-Zip: NAPLES, FL 34110

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: DIANNA KARAKOSTA

DT

02/18/2009

Electronic Signature of Signing Officer or Director

Date