2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758303

FILED Mar 18, 2009 Secretary of State

Entity Name: ADAMS HOUSE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
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ADAMS HOUSE C/O LIST MANAGEMENT ADAMS HOUSE C/O DONALD W. DENTON 223 SUNSET AVENUE, SUITE 110 **421 CHILEAN AVENUE** PALM BEACH, FL 33480

PALM BEACH, FL 33480 US

New Mailing Address:

Current Mailing Address:

ADAMS HOUSE C/O LIST MANAGEMENT 223 SUNSET AVENUE, SUITE 110 PALM BEACH, FL 33480

ADAMS HOUSE C/O DONALD W. DENTON

P. O. BOX 2685

PALM BEACH, FL 33480

FEI Number: 59-2385310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERSON, JOHN DENTON, DONALD W **423 CHILEAN AVENUE** 421 CHILEAN AVENUE

WEST PALM BEACH, FL 33480 US US PALM BEACH, FL 33480

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: DONALD W. DENTON 03/18/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete () Change () Addition MATTHEWS, BETSY K Name: Name:

417 CHILEAN AVE. Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition DENTON, VICKIE, Name: Name: DENTON, VICKIE, Address: Address:

421 CHILEAN AVE 421 CHILEAN AVE City-St-Zip: PALM BCH., FL 00000. City-St-Zip: PALM BEACH, FL 33480

Title: () Delete Title: () Change () Addition

BELISLE, MICHAEL Name: Name: 419 CHILEAN AVE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip:

() Delete Title: PD Title: PD (X) Change () Addition

ANDERSON, JOHN, DENTON, DONALD W Name: Name: 423 CHILEAN AVE Address: Address: **421 CHILEAN AVENUE** City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH, FL 33480

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: DONALD W. DENTON Ρ 03/18/2009