

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761009

FILED
Jan 19, 2009
Secretary of State

Entity Name: PALM GROVE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PALM GROVE GARDENS
1102 SE 39TH TERR
CAPE CORALS, FL 33904

New Principal Place of Business:

PALM GROVE GARDENS
1102 SE 39TH TERR #101
CAPE CORAL, FL 33904

Current Mailing Address:

PALM GROVE GARDENS
1102 SE 39TH TERR
CAPE CORALS, FL 33904

New Mailing Address:

PALM GROVE GARDENS
1102 SE 39TH TERR #101
CAPE CORAL, FL 33904

FEI Number: 65-0054210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGE, CAROLANN
1102 SE 39TH TERR
101
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

GEORGE, CAROLANN SECRETA
1102 SE 39TH TERR
101
CAPE CORAL, FL 33904 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: CAROLANN GEORGE

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIEFENTHALER, WILLIAM
Address: 1102 SE 39TH TERR #108
City-St-Zip: CAPE CORAL, FL 33904

Title: DT () Delete
Name: NETTLES, DIANE
Address: 1102 SE 39TH TERR #106
City-St-Zip: CAPE CORAL, FL 33904

Title: DT () Delete
Name: GEORGE, CAROLANN
Address: 1102 SE 39TH TERR 101
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD () Delete
Name: GEORGE, FRANK
Address: 1102 SE 39TH TERR 101
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: GEORGE, CAROLANN
Address: 1102 SE 39TH TERR 101
City-St-Zip: CAPE CORAL, FL 33904

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: CAROLANN GEORGE

SECR

01/19/2009

Electronic Signature of Signing Officer or Director

Date