

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767342

FILED
Mar 03, 2009
Secretary of State

Entity Name: PALACIO DEL MAR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O A&N MGMT, INC.
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

New Principal Place of Business:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

Current Mailing Address:

C/O A&N MGMT, INC.
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

New Mailing Address:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE RD #110
BOCA RATON, FL 33487

FEI Number: 94-2909950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARRY E. SCHNER, PA
750 SOUTH DIXIE HWY.
BOCA RATON, FL 33432 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: D () Delete
Name: BECKER, BOB
Address: 7969 PALACIO DEL MAR DR
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: RUBIN, RITA
Address: 7914 PALACIO DEL MAR DR
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: HORDISH, ARNOLD
Address: 7914 PALACIO DEL MAR DR
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: FINE, NORMAN
Address: 7897 PALACIO DEL MAR DR
City-St-Zip: BOCA RATON, FL 33433

Title: P () Delete
Name: AZAR, JACK
Address: 7978 PALACIO DEL MAR DR
City-St-Zip: BOCA RATON, FL 33433

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:

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: JACK AZAR

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date