

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005193

FILED
Jan 30, 2009
Secretary of State

Entity Name: PALM HARBOR CLUB AT BAY BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

150 LENELL RD.
ASSOCIATION OFFICE
FORT MYERS BEACH, FL 33931

Current Mailing Address:

150 LENELL RD.
ASSOCIATION OFFICE
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

150 LENELL RD.
ASSOCIATION OFFICE 2ND FLOOR
FORT MYERS BEACH, FL 33931

New Mailing Address:

150 LENELL RD.
ASSOCIATION OFFICE 2ND FLOOR
FORT MYERS BEACH, FL 33931

FEI Number: 65-1047512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, NOEL F
9271 PITTSBURGH BLVD
FORT MYERS, FL 33967 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: DS () Delete
Name: FOWLER, DONALD
Address: 238 SE THIRD ST
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: MORAN, PATRICK
Address: 11 N. MEADOW RD
City-St-Zip: OLD SAYBROOK, CT 06475

Title: DVP () Delete
Name: CHARLES, GRAEFEN
Address: 19701 BERRY BROOK CT.
City-St-Zip: TINLEY PARK, IL 60477

Title: DT () Delete
Name: WOLGAST, LYNN
Address: 4835 TOWN CTR. RD. SUITE 203
City-St-Zip: SAGINAW, MI 48604

Title: DP () Delete
Name: WAHL, JEAN
Address: 170 LENELL RD UNIT 501
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: FOWLER, DONALD
Address: 238 SE THIRD ST
City-St-Zip: DANIA BEACH, FL 33004

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

Title: DS (X) Change () Addition
Name: LOVENGUTH, CHARLES
Address: 21 THIRD STREET
City-St-Zip: CAMDEN, NY 13316

Title: DT (X) Change () Addition
Name: MERTZ, THOMAS
Address: 4935 ROSEWOOD LANE
City-St-Zip: PLYMOUTH, MN 55442

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: JEAN WAHL

DP

01/30/2009

Electronic Signature of Signing Officer or Director

Date