2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N00330

Entity Name: P.R.N.II.I.M.A, INC.

Current Principal Place of Business:

600 SEA PINE WAY
CLUBHOUSE
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

600 SEA PINE WAY
CLUBHOUSE
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 59-2355501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONCHICK, MICHAEL J.
1501 OLD OKEECHOBEE RD
W PALM BCH, FL 33409 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: PD ( ) Delete
Name: TILLINGHAST, MARY J
Address: 619-E SEAPINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: 1VPD ( ) Delete
Name: GROSSO, ANTHONY
Address: 600 SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T ( ) Delete
Name: LAMPASONE, PAUL
Address: 600 SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: T ( ) Delete
Name: SHEVETT, BERTHA
Address: 600 SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD ( ) Delete
Name: GANGE, CLAUDE
Address: 600 SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

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: SD (X) Change ( ) Addition
Name: ESTELLA, LESLIE
Address: 600 SEA PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

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: BERTHA SHEVETT T 01/06/2009

Electronic Signature of Signing Officer or Director — Date