2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000786

FILED Apr 08, 2009 Secretary of State

Entity Name: PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7092 PLACIDA RD CAPE HAZE, FL 33946 **Current Mailing Address: New Mailing Address:** 7092 PLACIDA RD CAPE HAZE, FL 33946 FEI Number: 03-0384629 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: REMOUR, CRAIG REMOUR, CRAIG A MR 7092 PLACIDA RD. 7092 PLÁCIDA RD. PLACIDA, FL 33946 US CAPE HAZE, FL 33946 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: CRAIG A. REMOUR 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DAVIES, JIM DAVIES, JIM Name: Name: 64 CHESTNUT ST. Address: 64 CHESTNUT ST. Address: City-St-Zip: MURRAY HILL, NJ 06974 City-St-Zip: MURRAY HILL, NJ 06974 US Title: Title: (X) Change () Addition () Delete MASTERS, DAVID Name: MASTERS, DAVID Name: Address: 7092 PLACIDA RD. Address: 7092 PLACIDA RD. City-St-Zip: PLACIDA, FL 33946 City-St-Zip: PLACIDA, FL 33946 US Title: () Delete Title: (X) Change () Addition CASWELL, ORVILLE CASWELL, ORVILLE Name: Name: Address: 87 GRANITE ST. Address: 87 GRANITE ST. City-St-Zip: ROCKPORT, MA 01966 City-St-Zip: ROCKPORT, MA 01966 US Title: () Delete Title: () Change (X) Addition Name: Name: CURTES, DON N90 W20927 SCENIC DRIVE Address: Address: City-St-Zip: City-St-Zip: MENOMONEE FALLS, WI 53501 US Title: () Delete Title: () Change (X) Addition DUNCAN, DAVID Name: Name: 520 CENTURY OAK COURT Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33813 US

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: CRAIG A. REMOUR MGR 04/08/2009