2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004003

FILED Apr 28, 2009 Secretary of State

Entity Name: PALMEIRA VILLAS AT BLUE MOUNTAIN BEACH HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
PO BOX 4946 BANTA ROSA BEACH, FL 32459		59 CANAL STREET SANTA ROSA BEACH	·	
Current Mailing Address:		New Mailing Address:		
PO BOX 4 SANTA RO	1946 OSA BEACH, F	L 32459		
El Number	: 04-3659495	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:
.EUZE, D.	A) (ID)			
9 CANAL		L 32459 US		
59 CANAL SANTA Ro The above	. ST OSA BEACH, F		purpose of changing its registered	d office or registered agent, or both,
59 CANAL SANTA Ro The above	ST OSA BEACH, F named entity s of Florida.		purpose of changing its registered	d office or registered agent, or both,
59 CANAL SANTA Ro The above In the State	ST OSA BEACH, F named entity s of Florida. RE:			d office or registered agent, or both, Date
59 CANAL SANTA RO The above In the State	ST OSA BEACH, F named entity s of Florida. RE:	ubmits this statement for the comment of the comment of Registered Ag	ent	
59 CANAL SANTA RO The above In the State	ST OSA BEACH, F e named entity s e of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the control of the control of Registered Agronal of Registered	ent	Date
9 CANAL SANTA RO The above In the State SIGNATUE DFFICER ittle: lame: ddress:	ST OSA BEACH, F e named entity s e of Florida. RE: Electroni S AND DIRECT DP () BRANDT, TOM 3650 SCHOONE ALPHARETTA, G	ubmits this statement for the control of the control of Registered Agrons: Delete GR RIDGE GA 30005 Delete GOP DR	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: TOM BRANDT PRES 04/28/2009