## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004003

Apr 05, 2010 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

59 CANAL STREET 174 WATERCOLOR WAY SANTA ROSA BEACH, FL 32459

SUITE 402

SANTA ROSA BEACH, FL 32459

**Current Mailing Address: New Mailing Address:** 

174 WATERCOLOR WAY PO BOX 4946

SANTA ROSA BEACH, FL 32459 SUITE 402

SANTA ROSA BEACH, FL 32459

FEI Number: 04-3659495 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:

LEUZE, DAVID SMITH, CHARLEEN E 174 WATERCOLOR WAY 59 CANAL ST SANTA ROSA BEACH, FL 32459 US SUITE 402

SANTA ROSA BEACH, FL 32459 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.

04/05/2010 SIGNATURE: CHARLEEN SMITH

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

DP

BRANDT, TOM Name:

Address: 3650 SCHOONER RIDGE City-St-Zip: ALPHARETTA, GA 30005

Title: DST

Name: CURRY, JEFF Address: 2970 SPINDLETOP DR City-St-Zip: CUMMING, GA 30041

Title: DV

LICARDI, STEVEN Name: 5850 GRAND LEGACY DR Address: City-St-Zip: MAINEVILLE, OH 45039

I hereby 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 all other like empowered.

SIGNATURE: CHARLEEN SMITH RA 04/05/2010