

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007104

FILED
Mar 04, 2009
Secretary of State

Entity Name: PALM ISLAND PLANTATION NO. 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3003 CARDINAL DRIVE SUITE D
VERO BEACH, FL 32963

New Principal Place of Business:

104 ISLAND PLANTATION TERRACE
VERO BEACH, FL 32963

Current Mailing Address:

835 20TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 01-0580141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINE, CHRISTOPHER H ESQ
979 BEACHLAND BLVD
VERO BEACH, FL 32963 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: OWEN, STEVE
Address: 3003 CARDINAL DRIVE SUITE D
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: EDGAR, JOHN
Address: 104 ISLAND PLANTATION TERRACE #302
City-St-Zip: INDIAN RIVER SHORES, FL 32963

Title: TSD () Delete
Name: FELTES, GREGORY
Address: 4050 WESTMARK DRIVE
City-St-Zip: DUBUQUE, IA 52002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OWEN, STEVE
Address: 104 ISLAND PLANTATION TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: VPD (X) Change () Addition
Name: EDGAR, JOHN
Address: 104 ISLAND PLANTATION TERRACE #302
City-St-Zip: VERO BEACH, FL 32963

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: STEVE OWEN

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date