

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007382

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** PALENCIA PROPERTY OWNERS ASSOCIATION OF ST. JOHNS COUNTY, INC.

**Current Principal Place of Business:**

605 PALENCIA CLUB DRIVE  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

605 PALENCIA CLUB DRIVE  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** 60-0002643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JONES, DAN  
HINES PALENCIA PROPERTY MANAGEMENT, LLC  
605 PALENCIA CLUB DRIVE  
ST. AUGUSTINE, FL 32095 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: VP ( ) Delete  
Name: RIO, PAUL  
Address: 1879 N. LOOP PARKWAY  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: HAMILTON, BISBEE  
Address: 100 S END STREET  
City-St-Zip: ST. AUGUSTINE, FL 320958401

Title: P ( ) Delete  
Name: O'SHEA, WALTER R  
Address: 605 PALENCIA CLUB DR  
City-St-Zip: ST. AUGUSTINE, FL 320958401

Title: D ( ) Delete  
Name: NALVEN, KIMBERLI  
Address: 246 SOPHIA TERR  
City-St-Zip: ST. AUGUSTINE, FL 320958401

Title: SD ( ) Delete  
Name: LUMLEY, NAOMI  
Address: 605 PALENCIA CLUB DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 320958401

Title: T ( ) Delete  
Name: JONES, DAN  
Address: 605 PALENCIA CLUB DR  
City-St-Zip: SAINT AUGUSTINE, FL 32095

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAN JONES

T

04/28/2008

Electronic Signature of Signing Officer or Director

Date