2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N01000007382

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 ( )**

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: D (X) Change ( ) Addition
Name: INGERSOLL, JOHN
Address: 204 SOUTH COMMON LN
City-St-Zip: ST. AUGUSTINE, FL 32095

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

Title: D (X) Change ( ) Addition
Name: DICKMAN, DANIEL
Address: 1492 NORTH LOOP PKWY
City-St-Zip: ST. AUGUSTINE, FL 32095

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 04/28/2009
Electronic Signature of Signing Officer or Director — Date