

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003582

FILED
Apr 20, 2009
Secretary of State

Entity Name: PALMYRA ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

1500 GATEWAY BLVD.
SUITE 220
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426 US

New Mailing Address:

1500 GATEWAY BLVD.
SUITE 220
BOYNTON BEACH, FL 33426 US

FEI Number: 57-1161297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICTORY ACCOUNTING SERVICES
1375 GATEWAY BLVD
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

VICTORY ACCOUNTING SERVICES
1500 GATEWAY BLVD
SUITE 220
BOYNTON BEACH, FL 33426 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.

SIGNATURE: VICKI FIECHT

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFIS, THOMAS
Address: 7165 OLD ORCHARD WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V () Delete
Name: GHOLSTON, LATASHA
Address: 7183 IVY CROSSING LN
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: LUISO, PATRICIA
Address: 7178 SHADY GROVE LN
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: ROLLE, PAMELA
Address: 4146 HEARTSTONE PLACE
City-St-Zip: BOYNTON BEACH, FL 33436

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:

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: SHANE GRIFFIS

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date