2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N02000009690

Entity Name: PALAFOX PLACE OFFICE CONDOMINIUMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

127 PALAFOX PL
STE 100
PENSACOLA, FL 32502

New Principal Place of Business:

123 PALAFOX PL
PENSACOLA, FL 32502

Current Mailing Address:

127 PALAFOX PL
STE 200
PENSACOLA, FL 32502

New Mailing Address:

123 PALAFOX PL
PENSACOLA, FL 32502

FEI Number: 68-0542679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINNE, WILLIAM V
127 PALAFOX PL
STE 100
PENSACOLA, FL 32502 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: LINNE, WILLIAM V
Address: 127 PALAFOX PLACE STE 100
City-St-Zip: PENSACOLA, FL 32502

Title: SD ( ) Delete
Name: LINNE, SHIRLEY F
Address: 127 PALAFOX PLACE STE 100
City-St-Zip: PENSACOLA, FL 32502

Title: VPD ( ) Delete
Name: ENDRY, JOSEPH M
Address: 127 PALAFOX PLACE STE 100
City-St-Zip: PENSACOLA, FL 32502

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:

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: JOSEPH M ENDRY VPD 02/23/2009

Electronic Signature of Signing Officer or Director — Date