

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02734

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** PALM HILL NORTH RECREATION CLUB, INC.

**Current Principal Place of Business:**

401 8TH AVE SW  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

48 SABAL PALM  
LARGO, FL 337707406 US

**New Mailing Address:**

**FEI Number:** 59-2532277

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIRKA, VIRGINIA J  
48 SABAL PALM  
LARGO, FL 337707406 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: SD ( ) Delete  
Name: MALGIERI, MARY ANN  
Address: 72 E PALM FOREST DR  
City-St-Zip: LARGO, FL 33770

Title: PD ( ) Delete  
Name: DIBEGOAN, GEORGEANNE  
Address: 14 SABAL PALM DR  
City-St-Zip: LARGO, FL 33770

Title: TD ( ) Delete  
Name: MIRKA, VIRGINIA  
Address: 48 SABAL PALM  
City-St-Zip: LARGO, FL 33770

Title: VPD ( ) Delete  
Name: DEBOLT, PAT  
Address: 35 SABEL PALM  
City-St-Zip: LARGO, FL 33770

Title: VPD ( ) Delete  
Name: HAYES, BEVERLY  
Address: 27 THATCH PALM E  
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete  
Name: VISCO, JOE  
Address: 61 THATCH PALM E  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: DONEGAN, GEORGEANNE  
Address: 14 SABAL PALM DR  
City-St-Zip: LARGO, FL 33770

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

Title: VPD (X) Change ( ) Addition  
Name: DEBOLT, PAT  
Address: 35 SABAL PALM  
City-St-Zip: LARGO, FL 33770

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: VIRGINIA J. MIRKA

TD

03/09/2009

Electronic Signature of Signing Officer or Director

Date