2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001037

Entity Name: PALM COVE TOWNHOMES H.O.A., INC.

Current Principal Place of Business: New Principal Place of Business:

19803 GULF BLVD

INDIAN SHORES, FL 33785 US

Current Mailing Address: New Mailing Address:

19803 GULF BLVD

INDIAN SHORES, FL 33785 US

FEI Number: 26-0062817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CERCEK, LISA CERCEK, LISA K AGENT 19803 GULF BLVD 19803 GULF BLVD

INDIAN SHORES, FL 33785 US INDIAN SHORES, FL 33785 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: LISA CERCEK 02/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED Feb 27, 2008 Secretary of State

Title: VP () Delete Title: () Change () Addition

 Name:
 RILEY, BOB
 Name:

 Address:
 19803 GULF BLVD #503
 Address:

 City-St-Zip:
 INDIAN SHORES, FL 33785 US
 City-St-Zip:

Title: D () Delete Title: PD (X) Change () Addition

 Name:
 ALEJANDRO, NELSON
 Name:
 ALEJANDRO, NELSON

 Address:
 19803 GULF BLVD # 101
 Address:
 19803 GULF BLVD # 101

 City-St-Zip:
 INDIAN SHORES, FL 33785 US
 City-St-Zip:
 INDIAN SHORES, FL 33785 US

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 STEPHENSON, JAMES
 Name:
 STEPHENSON, JAMES

 Address:
 19803 GULF BLVD #502
 Address:
 19803 GULF BLVD #502

 City-St-Zip:
 INDIAN SHORES, FL 33785 US
 City-St-Zip:
 INDIAN SHORES, FL 33785 US

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: LISA CERCEK AGEN 02/27/2008