

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003341

Entity Name: PALM BLUFF ASSOCIATION, INC.

FILED  
Apr 20, 2004  
Secretary of State

**Current Principal Place of Business:**

4075 PALM BLUFF DR.  
FERNANDINA BCH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

4075 PALM BLUFF DR.  
FERNANDINA BCH, FL 32034

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BAKER, GARY ESQ.  
5442 GREEN AVE.  
CALLAHAN, FL 32011 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES ( ) Change (X) Addition  
Name: ANDERSON, GLENN A MR  
Address: 4075 PALM BLUFF DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TRES ( ) Change (X) Addition  
Name: MEARDON, JOHN MR  
Address: 4144 PALM BLUFF DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SEC ( ) Change (X) Addition  
Name: SIMPSON, ELISA MS  
Address: 4164 PALM BLUFF DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GLENN ANDERSON

PRES

04/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date