

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003885

FILED
Apr 14, 2009
Secretary of State

Entity Name: PALMETTO PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4307 13TH ST W
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

PO BOX 563
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 87-0767854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, KACE W
4103 11ST. CT. W, #202
PALMETTO, FL 34220 US

Name and Address of New Registered Agent:

KING, KACE W
4650 BAY CLUB DRIVE
BRADENTON, FL 34210 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, KACE W
Address: 4650 BAY CLUB DRIVE
City-St-Zip: BRADENTON, FL 34210

Title: V () Delete
Name: KIRKER, CHRISTY
Address: 2303 14TH ST. W.
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: FALKEN, JOYCE
Address: 4103 11ST. CT. W, #202
City-St-Zip: PALMETTO, FL 34221

Title: T () Delete
Name: CAMPBELL, ROBERT
Address: 1709 14TH ST. WEST
City-St-Zip: PALMETTO, FL 34221

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: KACE KING

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date