

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006041

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** PALM ISLES CONDOMINIUM NO. 1 ASSOCIATION, INC.

**Current Principal Place of Business:**

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380758  
MURDOCK, FL 33938

**New Mailing Address:**

**FEI Number:** 33-1122944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE GATEWAY GROUP  
1532 RIO DE JANEIRO  
PUNTA GORDA, FL 33983 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: LARSON, GLENN  
Address: 93 VIVANTE BLVD #9343  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD ( ) Delete  
Name: DAVERSA, MICHAEL  
Address: 90 VIVANTE BLVD #9341  
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD ( ) Delete  
Name: FERIOLO, RONALD  
Address: 93 VIVANTE BLVD #9344  
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: PD (X) Change ( ) Addition  
Name: LARSON, GLENN  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change ( ) Addition  
Name: DAVERSA, MICHAEL  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

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: GLENN LARSON

PD

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date