

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

07-07-2008 90001 044 \*\*\*\*61.25

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07032008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000006923</b> 1. Entity Name <b>PALM RIVER HOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3753 CARDINAL BLVD. UNIT 3 PORT ORANGE, FL 32127</b>			Mailing Address <b>LOIS LEAMAN 229 SUMMERWOOD TR MAITLAND, FL 32751</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0282288</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREGORY, PAULA M CPA 100 LA COSTA LANE STE. 100 DAYTONA BEACH, FL 32114-8158</b>			Name <b>PALM RIVER HOUSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>229 SUMMERWOOD TR.</b> <b>MAITLAND, FL</b> City <b>FL</b> Zip Code <b>32751</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LLAMIS, PATRICIA</b>		NAME		
STREET ADDRESS	<b>3753 CARDINAL BLVD #2</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DAYTONA BEACH SHORES, FL 32118</b>		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEAMON, LOIS</b>		NAME	<b>LEAMAN, LOIS JEANNE</b>	
STREET ADDRESS	<b>929 GOVER AVE.</b>		STREET ADDRESS	<b>229 SUMMERWOOD DR.</b>	
CITY - ST - ZIP	<b>WINTER PARK, FL 32789</b>		CITY - ST - ZIP	<b>MAITLAND, FL 32751</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RADISH, MARYLOU</b>		NAME		
STREET ADDRESS	<b>3753 CARDINAL BLVD., UNIT 3</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DAYTONA BEACH SHORES, FL 32127</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Lois Jeanne Leaman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>07/03/08</b> <small>Date</small>		
			<b>539-0721</b> <small>Daytime Phone #</small>		