2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2009
Secretary of State

DOCUMENT# N03000006923

Entity Name: PALM RIVER HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3753 CARDINAL BLVD.
UNIT 3
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

LOIS LEAMAN
229 SUMMERWOOD TR
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-0282288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALM RIVER CONDO ASSCO.
C/O LOIS JEANNE LEAMAN
229 SUMMERWOOD TR
MAITLAND, FL 32751 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: VP ( ) Delete
Name: LLAMIS, PATRICIA
Address: 3753 CARDINAL BLVD #2
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: ST ( ) Delete
Name: LEAMAN, LOIS JEANNE
Address: 229 SUMMERWOOD DR
City-St-Zip: MAITLAND, FL 32751

Title: P ( ) Delete
Name: RADISH, MARYLOU
Address: 3753 CARDINAL BLVD., UNIT
City-St-Zip: DAYTONA BEACH SHORES, FL 32127

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:

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: LOIS JEANNE LEAMAN ST 08/05/2009

Electronic Signature of Signing Officer or Director — Date