2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N03000010795

Entity Name: PORCHES ON PALMER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1217 AND 1219 PALMER STREET
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

1217 AND 1219 PALMER STREET
ORLANDO, FL 32801 US

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:

MAYNARD, JESSICA P MRS.
1217 PALMER STREET
ORLANDO, FL 32801 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: D/P ( ) Delete
Name: MAYNARD, JESSICA P MRS.
Address: 1217 PLAMER STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: D/VP ( ) Delete
Name: JENSEN, CANDACE MS.
Address: 1219 PLAMER STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: D/T ( ) Delete
Name: GREER, SCOTT MR.
Address: 1219 PALMER STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: D/S ( ) Delete
Name: MAYNARD, BEN H MR.
Address: 1217 PLAMER STREET
City-St-Zip: ORLANDO, FL 32801 US

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: CANDACE P. JENSEN D/VP 04/28/2008
Electronic Signature of Signing Officer or Director — Date