

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03462

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE PALMS AT SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3604 EAST CO. HIGHWAY 30-A  
SEAGROVE BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4822  
SEAGROVE BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 58-1729077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, NORA  
SEAGROVE ON THE BEACH REALTY, INC.  
5311 EAST CO. HIGHWAY 30-A, #4  
SEAGROVE BEACH, FL 32459 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: P ( ) Delete  
Name: CARROLL, JOHN  
Address: 1116 ASTORIA LANE  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: S ( ) Delete  
Name: STONE, CLARK  
Address: 2731 LAKE CAPRI DRIVE  
City-St-Zip: CONYERS, GA 30012

Title: V ( ) Delete  
Name: FRANZ, HARRY  
Address: 1337 FARRINGTON DRIVE  
City-St-Zip: KNOXVILLE, TN 37923

Title: T ( ) Delete  
Name: GOODMAN, HARRY  
Address: 5922 W. DAKIN ST  
City-St-Zip: CHICAGO, IL 60634

Title: D ( ) Delete  
Name: PHILLIPS, JOHN  
Address: 2131 LONDONDERY DR  
City-St-Zip: MURFREESBORO, TN 37129

**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:

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: NORA MURPHY

AGT

04/30/2009

Electronic Signature of Signing Officer or Director

Date