

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000661

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** PALM ISLAND GULF VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946

**New Principal Place of Business:**

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946 US

**Current Mailing Address:**

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946

**New Mailing Address:**

7092 PLACIDA ROAD  
CAPE HAZE, FL 33946 US

**FEI Number:** 20-2592430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REMOUR, CRAIG  
7092 PLACIDA RD  
CAPE HAZE, FL 33946 US

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

REMOUR, CRAIG A  
7092 PLACIDA RD  
CAPE HAZE, FL 33946 US

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: CRAIG A. REMOUR

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MATHEWS, JACK  
Address: 1660 S STEMMONS FWY SUITE 100  
City-St-Zip: LEWISVILLE, TX 75067

Title: D ( ) Delete  
Name: DONNANTUONI, PETER  
Address: 15208 GULF BLVD #207  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D ( ) Delete  
Name: GILLESIDE, EDWARD  
Address: PO BOX 1104  
City-St-Zip: MT PLEASANT, SC 29465

Title: D ( ) Delete  
Name: BUFFET, TOM  
Address: 683 MOURNING DOVE DR  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: HUGHES, MARK  
Address: 603 MONTICELLO LANE  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: P ( ) Delete  
Name: MCGOWAN, EUGENE  
Address: 308 E PEMBROOK CIR  
City-St-Zip: SIOUX FALLS, SD 57108

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

Title: D (X) Change ( ) Addition  
Name: MATHEWS, JACK  
Address: 1660 S STEMMONS FWY SUITE 100  
City-St-Zip: LEWISVILLE, TX 75067 US

Title: P (X) Change ( ) Addition  
Name: DONNANTUONI, PETER  
Address: 15208 GULF BLVD #207  
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: T (X) Change ( ) Addition  
Name: KOZICZ, PETER  
Address: 1416 LAKESHORE ROAD  
City-St-Zip: EAST OAKVILLE, ONTARIO, ON L6J 1M1 CA

Title: S (X) Change ( ) Addition  
Name: KAPLAN, ANNETTE  
Address: P O BOX 2360  
City-St-Zip: LONGBEACH TOWNSHIP, NJ 08008 US

Title: D (X) Change ( ) Addition  
Name: SCHOLLETT, FRANK  
Address: 2000 SNOWFLAKE TRAIL  
City-St-Zip: TRAVERSE CITY, MI 496849728 US

Title: D (X) Change ( ) Addition  
Name: GILLESPIE, EDWARD  
Address: P O BOX 1104  
City-St-Zip: MT PLEASANT, SC 29465

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: CRAIG A. REMOUR

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date