

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000005208

FILED
Jan 31, 2008
Secretary of State

Entity Name: PALMONA PARK IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

4008 WHOLESALE CT
N FORT MYERS, FL 33903

New Principal Place of Business:

423 ELLIS STREET
N FORT MYERS, FL 33903

Current Mailing Address:

4008 WHOLESALE CT
N FORT MYERS, FL 33903

New Mailing Address:

4008 WHOLESALE COURT
N FORT MYERS, FL 33903

FEI Number: 26-0087169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

LITTEN, DONNA A
423 ELLIS STREET
N. FT. MYERS, FL 33903 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: DONN A A. LITTEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: LITTEN, DONNA
Address: 423 ELLIS ST
City-St-Zip: N FORT MYERS, FL 33903

Title: VP D () Delete
Name: ROMER, JACQUIE
Address: 320 REDLIN STREET
City-St-Zip: N FORT MYERS, FL 33903

Title: D () Delete
Name: RAPERT, FOREST J
Address: 320 REDLIN STREET
City-St-Zip: N FORT MYERS, FL 33903

Title: T, D () Delete
Name: SULLIVAN, SHIRLEY
Address: 239 CLARK ST
City-St-Zip: N FORT MYERS, FL 33903

Title: D () Delete
Name: LITTEN, MAX E
Address: 423 ELLIS STREET
City-St-Zip: N. FT. MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOBENHAFFER, MARY
Address: 441 CLARK STREET
City-St-Zip: NORTH FT. MYERS, FL 33903 US

Title: D (X) Change () Addition
Name: BOBENHAFFER, CLIFFORD B
Address: 441 CLARK STREET
City-St-Zip: N FORT MYERS, FL 33903

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: DONNA A. LITTEN

P

01/31/2008

Electronic Signature of Signing Officer or Director

Date