2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009092

FILED Mar 26, 2009 Secretary of State

Entity Name: PALOMA AT PALMIRA GOLF AND COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: TROPICAL ISLES PROP MGMT 12734 KENWOOD LANE #49 FORT MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** 5801 PELICAN BAY BLVD STE 600 TROPICAL ISLES PROP MGMT NAPLES, FL 34108 12734 KENWOOD LANE #49 FORT MYERS, FL 33907 FEI Number: 20-1653356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUDLAND, MARK CAM RUDLAND, MARK CAM C/O TROPICAL ISLES C/O TROPÍCAL ISLES FORT MYERS, FL 33907 US 12734 KENWOOD LANE #49 FORT MYERS, FL 33907 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: MARK RUDLAND 03/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KIESELHORST, JAMES Name: Name: 14681 BELLINO TERRACE #201 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition LANGENDORFER, DAVID Name: Name: Address: 14541 BELLINO TERR #201 Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: 2VP () Delete Title: () Change () Addition FROID, RALPH Name: Name: 14582 BELLINO TERR. #102 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: () Delete Title: Title: () Change () Addition Name: GRACE, ANNE Name: 14661 BELLINO TERR. #101 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition ROTHSTEIN, NEAL Name: Name: 14582 BELLINO TERR. #201 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 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: JAMES KIESELHORST P 03/26/2009