

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006160

FILED
Jan 21, 2009
Secretary of State

Entity Name: PALENCIA COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

605 PALENCIA CLUB DRIVE
ST. AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

605 PALENCIA CLUB DRIVE
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 20-3259668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, LANE
605 PALENCIA CLUB DRIVE
ST. AUGUSTINE, FL 32095 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: PD () Delete
Name: HARRISON, MICHAEL T
Address: 605 PALENCIA CLUB DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: VD () Delete
Name: GARDNER, LANE
Address: 605 PALENCIA CLUB DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: SD () Delete
Name: LUMLEY, NAOMI
Address: 605 PALENCIA CLUB DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: TD () Delete
Name: O'SHEA, WALTER
Address: 605 PALENCIA CLUB DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: D () Delete
Name: SHINE, KIM
Address: 605 PALENCIA CLUB DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095 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:

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: MICHAEL HARRRISON

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date