

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000162

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: PALMETTO GROVE AT VERANDAH NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

9240 MARKETPLACE ROAD, SUITE 1  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

9240 MARKETPLACE ROAD, SUITE 1  
FT. MYERS, FL 33912

**New Mailing Address:**

FEI Number: 56-2667030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PEEPLES, C. PERRY  
C/O GARLIC, STETLER & PEEPLES, LLP  
551 RIDGEWOOD DRIVE, SUITE 101  
NAPLES, FL 34108 US

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

LYONS, BOBBY R  
9240 MARKETPLACE ROAD  
SUITE 1  
FORT MYERS, FL 33912 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: BOBBY R LYONS

04/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROSE, TIM  
Address: 9240 MARKETPLACE ROAD, SUITE 1  
City-St-Zip: FT. MYERS, FL 33912

Title: VD (X) Delete  
Name: BURCHETT, WELDON  
Address: 9240 MARKETPLACE ROAD, SUITE 1  
City-St-Zip: FT. MYERS, FL 33912

Title: STD ( ) Delete  
Name: HAMMOND, CHRIS  
Address: 9240 MARKETPLACE ROAD, SUITE 1  
City-St-Zip: FT. MYERS, FL 33912

**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:

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: CHRIS HAMMOND

STD

04/02/2009

Electronic Signature of Signing Officer or Director

Date