

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001571

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: PALMETTO WOODS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

509 ANASTASIA BOUELVARD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

509 ANASTASIA BOUELVARD  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080

FEI Number: 20-4313105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAY MANAGEMENT SERVICES,INC  
5455 AIA SOUTH  
SAINT AUGUSTINE, FL 32080 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: D ( ) Delete  
Name: HAHNEMANN, ROBERT H  
Address: 509 ANASTASIA BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: MCLEOD, WILLIAM  
Address: 509 ANASTASIA BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: PADGETT, SUE  
Address: 509 ANASTASIA BOULEVARD  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

Title: P (X) Change ( ) Addition  
Name: HAHNEMANN, ROBERT H  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change ( ) Addition  
Name: MCLEOD, WILLIAM  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change ( ) Addition  
Name: PADGETT, SUE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: ROBERT HAHNEMANN

P

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date