2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000002553

Entity Name: PALM RIDGE PLAZA PROPERTY OWNERS' ASSOCIATION INC.

Current Principal Place of Business:

9000 REGENCY SQUARE BLVD, SUITE 200
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

9000 REGENCY SQUARE BLVD, SUITE 200
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-8945677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROHAN, PAUL
9000 REGENCY SQUARE BLVD, SUITE 107
JACKSONVILLE, FL 32211 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:	DPVS	( ) Delete
Name:	ROHAN, PAUL	
Address:	9000 REGENCY SQUARE BLVD, SUITE 107	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	T	( ) Delete
Name:	ROHAN, PAUL	
Address:	9000 REGENCY SQUARE BLVD, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	D	( ) Delete
Name:	HOROWITZ, JON	
Address:	354 WINTHROP BLVD	
City-St-Zip:	TEANECK, NJ 07666	
Title:	D	( ) Delete
Name:	EVANS, GREG	
Address:	9000 REGENCY SQUARE BLVD, SUITE 200	
City-St-Zip:	JACKSONVILLE, FL 32211	

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:	

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: PAUL ROHAN PRIN 04/30/2009
Electronic Signature of Signing Officer or Director — Date