## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003081

FILED Apr 16, 2009 Secretary of State

Entity Name: PALMESTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10981 BONITA BEACH ROAD BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

10981 BONITA BEACH ROAD BONITA SPRINGS, FL 34135

FEI Number: 20-5973364 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:

HEDRICH, NORMAN

10981 BONITA BEACH ROAD

BONITA SPRINGS, FL 34135 US

HEDRICH, BRAD

10981 BONITA BEACH ROAD

BONITA SPRINGS, FL 34135 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: BRAD HEDRICH 04/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HEDRICH, NORMAN
 Name:

 Address:
 10981 BONITA BEACH ROAD
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

Title: DST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HEDRICH, CLEDA
 Name:

 Address:
 10981 BONITA BEACH ROAD
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

Title: DV ( ) Delete Title: DVP (X) Change ( ) Addition

Name: HEDRICH, BRAD Name: HEDRICH, BRAD

Address: 10981 BONITA BEACH ROAD Address: 10981 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

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: BRAD HEDRICH DVP 04/16/2009