2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003203

FILED Jun 24, 2008 Secretary of State

Entity Name: PALM BLUFF PRESERVE HOMEOWNERS ASSOCIATION, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
	BLUFF STREET ATER, FL 33755	
urrent N	lailing Address:	New Mailing Address:
	BLUFF STREET ATER, FL 33755	
accordan	: 26-0833607 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the corporation of	did not receive the prior notice.
ame and	l Address of Current Registered Agen	t: Name and Address of New Registered Agent:
RECO, J	IOHN	
	BLUFF STREET ATER, FL 33756 US	
LEARWA	BLUFF STREET ATER, FL 33756 US	the purpose of changing its registered office or registered agent, or both,
LEARWA he above the State	BLUFF STREET ATER, FL 33756 US e named entity submits this statement for e of Florida. RE:	
LEARWA	BLUFF STREET ATER, FL 33756 US e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
LEARW/ he above the State	BLUFF STREET ATER, FL 33756 US e named entity submits this statement for e of Florida. RE:	
LEARW/ he above the State	BLUFF STREET ATER, FL 33756 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered	d Agent Date
LEARW/ ne above the State GNATUI FFICER: le: lme: ldress:	BLUFF STREET ATER, FL 33756 US e named entity submits this statement for e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete BRECO, JOHN 3408 BEACON ST.	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:

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: MARK THOMPSON STD 06/24/2008