2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006178

FILED Jaņ 2<u>8, 2</u>009 Secretary of State

Entity Name: PALENCIA NORTH HOMEOWNERS ASSOCIATION, INC.

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

14785 ST AUGUSTINE ROAD 5955 T. G. LEE BLVD. JACKSONVILLE, FL 32256

SUITE 300

ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

5955 T. G. LEE BLVD. SUITE 300 14785 ST AUGUSTINE ROAD JACKSONVILLE, FL 32256

ORLANDO, FL 32822

FEI Number: 20-5121438 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:

HAAS, DAVID LELAND MANAGEMENT INC. 14785 ST AUGUSTINE ROAD 5955 T. G. LEE BLVD.

JACKSONVILLE, FL 32256 SUITE 300 ORLANDO, FL 32822 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: REBECCA FURLOW

01/28/2009 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HAAS, DAVID HAAS, DAVID Name: Name: 14785 ST AUGUSTINE ROAD Address: 14785 ST AUGUSTINE ROAD Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

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

Name: WILFORD, DON Name: Address: 14785 ST AUGUSTINE ROAD Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

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

SMITH, ROBERT Name: TIMM, DUSTIN Name:

14785 ST AUGUSTINE ROAD 14785 ST AUGUSTINE ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

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: DAVID HASS PD 01/28/2009