

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008822

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: PALMS WEST COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

13901 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1062  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-5476733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPILLANE, J P  
12778 W FOREST HILL BLVD  
STE 2005  
WELLINGTON, FL 33414 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: PD ( ) Delete  
Name: ALBRIGHT, DAVID  
Address: 1194 CREEKSIDE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: PD ( ) Delete  
Name: BOYNTON, JOANNA  
Address: 1936 DERBY TRAIL  
City-St-Zip: WELLINGTON, FL 33414

Title: SD ( ) Delete  
Name: SANITA, ELLEN  
Address: 15841 GLEN WILLOW LN  
City-St-Zip: WELLINGTON, FL 33414

Title: PD ( ) Delete  
Name: SPILLANE, JP  
Address: 10401 OAK MEADOW LN  
City-St-Zip: LAKE WORTH, FL 33467

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

Title: TD (X) Change ( ) Addition  
Name: ALBRIGHT, DAVID  
Address: 1194 CREEKSIDE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: PD (X) Change ( ) Addition  
Name: BOYNTON, JOANNA  
Address: 1776 ARABIAN DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DILALLO, KEVIN  
Address: 1300 WOOD DALE TERRACE  
City-St-Zip: WELLINGTON, FL 33414

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: KEVIN DILALLO

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date