

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06579

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE PALMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2884912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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 (X) Delete
Name: BLUM, PETER
Address: 2228 PALM VISTA DR.
City-St-Zip: APOPKA, FL 32712 US

Title: VD () Delete
Name: CURTIS, CHRISTINE
Address: 2143 PALM CREST DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: SD () Delete
Name: RAMPERSAD, ASHAMIN L
Address: 2216 PALM VISTA DR.
City-St-Zip: APOPKA, FL 32712 US

Title: TD () Delete
Name: BOWEN, RALPH
Address: 1926 PALM VIEW DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: LASSITER, BILL
Address: 2164 PALM CREST DR.
City-St-Zip: APOPKA, FL 32712 US

Title: SD (X) Change () Addition
Name: DILENA, DEBBIE
Address: 2126 PALM VISTA DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: TD (X) Change () Addition
Name: BOWEN, RALPH
Address: 1926 PALM VIEW DRIVE
City-St-Zip: APOPKA, FL 32712 US

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: BILL LASSITER

VPD

04/27/2009

Electronic Signature of Signing Officer or Director

Date