2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# N07000002888

Entity Name: PALM BREEZE HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

1221 EAST NEW HAVEN AVE
MELBOURNE, FL 32901

New Principal Place of Business:

310 FIFTH AVENUE
INDIALANTIC, FL 32903

Current Mailing Address:

4940 RALPH'S LANE
MERRITT ISLAND, FL 32953

New Mailing Address:

310 FIFTH AVENUE
INDIALANTIC, FL 32903

FEI Number: 34-2045197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVE
MELBOURNE, FL 32901 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: DP ( ) Delete
Name: BARNES, BILL
Address: 4940 RALPH'S LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DVP ( ) Delete
Name: BARNES, ARLENE
Address: 4940 RALPH'S LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DST (X) Delete
Name: CATO, DAVID
Address: 6475 HIGHWAY U.S. 1
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: BARNES, WILLIAM
Address: 4940 RALPH'S LANE
City-St-Zip: MERRITT ISLAND, FL 32953

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

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

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: WILLIAM BARNES DPST 06/17/2009

Electronic Signature of Signing Officer or Director — Date