2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005281

Apr 07, 2009 Secretary of State

Entity Name: PALMER OAKS CONDOMINIUM ASSOCIATION, INC.

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

2907 W. BAY TO BAY BLVD., SUITE 301 11691 GATEWAY BLVD. 203

TAMPA, FL 33629

FT. MYERS, FL 33913

Current Mailing Address: New Mailing Address:

2907 W. BAY TO BAY BLVD., SUITE 301 11691 GATEWAY BLVD. TAMPA, FL 33629 203

FT. MYERS, FL 33913

FEI Number: 20-0353659 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

11691 GATEWAY BLVD. 203

VISION ASSOCIATION MANAGEMENT

FT. MYERS, FL 33913 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 L. SARVER 04/07/2009

> Electronic Signature of Registered Agent Date

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

PTD () Delete (X) Change () Addition

HILL, JEFFREY SMITH, BRYAN Name: Name: 2907 W. BAY TO BAY BLVD. Address: 8584 KATY FREEWAY, SUITE 200 Address:

City-St-Zip: TAMPA, FL 33629 City-St-Zip: HOUSTON, TX 77024

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

DENNISON, DEBORAH Name: MITHCELL, KEITH Name:

Address: 2907 W. BAY TO BAY BLVD. Address: 5999 NEW WILKE RD., SUITE 203 City-St-Zip: TAMPA, FL 33629 City-St-Zip: ROLLING MEADOWS, IL 60008

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

MAAYAN, MARTY Name: Name: 8648 KARPEAL DR. Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip:

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

Name: Name: BYERLY, DEBORAH

Address: Address: 5999 NEW WILKE RD., SUITE 203 City-St-Zip: City-St-Zip: ROLLING MEADOWS, IL 60008

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: BRYAN SMITH PD 04/07/2009