2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N07000006216

Entity Name: PALM ISLAND NEIGHBORHOOD ASSOCIATION INC.

Current Principal Place of Business:

130 ISLAND CIRCLE
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

130 ISLAND CIRCLE
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 20-0090233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASMUSSEN, FRED
130 ISLAND CIRCLE
SARASOTA, FL 34242 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: P ( ) Delete
Name: ASMUSSEN, FRED
Address: 130 ISLAND CIRCLE
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete
Name: TUCKER, JEFF
Address: 296 ISLAND CIR
City-St-Zip: SARASOTA, FL 34242

Title: S (X) Delete
Name: QUARLES, ALICE
Address: 330 ISLAND CIR
City-St-Zip: SARASOTA, FL 34242

Title: T (X) Delete
Name: PERRETTA, ELINOR
Address: 105 ISLAND CIR
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: PERRETTA, ELINOR
Address: 105 ISLAND CIRCLE
City-St-Zip: SARASOTA, FL 34242

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: FRED ASMUSSEN P 02/04/2009

Electronic Signature of Signing Officer or Director — Date