

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07167

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** PALMAS BAY CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1190 PELICAN BAY DR  
DAYTONA BEACH, FL 32114 US

**New Principal Place of Business:**

**Current Mailing Address:**

1190 PELICAN BAY DR  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

**FEI Number:** 59-2487328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARKIN, MICHELE  
1190 PELICAN BAY DR  
DAYTONA BEACH, FL 32119 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: D ( ) Delete  
Name: BECK, WILLIAM  
Address: 6321 PALMAS BAY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: BELUS, MICHAEL A  
Address: 6347 PALMAS BAY CIR  
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD ( ) Delete  
Name: KENNEDY, JOHN  
Address: 6303 PALMAS BAY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

Title: PD ( ) Delete  
Name: DONINI, EDWARD S  
Address: 6311 PALMAS BAY CIR  
City-St-Zip: PORT ORANGE, FL 32127

Title: STD ( ) Delete  
Name: PERRY, JAMES  
Address: 6317 PALMAS BAY CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127

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

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

Title: D (X) Change ( ) Addition  
Name: BISHARA, MAGDI  
Address: 6333 PALMAS BAY CIR  
City-St-Zip: PORT ORANGE, FL 32127

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

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: EDWARD S. DONINI

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date