

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07609

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: PALM VALLEY COMMUNITY CENTER

## Current Principal Place of Business:

148 CANAL BLVD  
PONTE VEDRA BEACH, FL 32082 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 962  
PONTE VEDRA BEACH, FL 32004 US

## New Mailing Address:

FEI Number: 59-3518468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDREW, DEBORAH  
11 NA ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

ANDREW, DEBORAH  
11 NO. ROSCOE BLVD.  
PONTE VEDRA BEACH, FL 32082 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:

01/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILKEBAKEN, MARCY  
Address: 1145 NECK RD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T ( ) Delete  
Name: ROWE, KATHRYN  
Address: 11 1/2 N ROSOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: DIAZ, ANGELA  
Address: 376 SO MILL VIEW WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete  
Name: FROSTENSEN, NELS  
Address: 376 N ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: PHILLIPS, GARRY  
Address: 161 SO. ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: VANDERKOLK, JOANNA  
Address: 1270 NECK RD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: ROWE, KATHERYNE  
Address: 11- 1/2 N ROSOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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: KATHERYNE T. ROWE

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date