

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09416

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PALMS NORTH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4984 W SCENIC HWY 30-A  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4946  
SANTA ROSA BCH, FL 32459 US

**New Mailing Address:**

FEI Number: 59-2784763      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEUZE, DAVID  
59 CANAL ST.  
SANTA ROSA BCH, FL 32459 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: PD ( ) Delete  
Name: FANT, JOHN  
Address: 4436 IVYWOOD  
City-St-Zip: MARIETTA, GA 30062

Title: VPD ( ) Delete  
Name: MAXWELL, MARTHA ELLEN  
Address: 5906 LYNNBRIER AVE.  
City-St-Zip: MEMPHIS, TN 38120

Title: ST ( ) Delete  
Name: HUTTON, MARY  
Address: 867 N. SUPERIOR AVE.  
City-St-Zip: DECATUR, GA 30033

Title: D ( ) Delete  
Name: MIKA, JIM  
Address: 36 WEST 560 SILVER RIDGE DR.  
City-St-Zip: ST. CHARLES, IL 60175

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

Title: TD (X) Change ( ) Addition  
Name: FANT, JOHN  
Address: 4436 IVYWOOD  
City-St-Zip: MARIETTA, GA 30062

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

Title: SD (X) Change ( ) Addition  
Name: HUTTON, MARY  
Address: 867 N. SUPERIOR AVE.  
City-St-Zip: DECATUR, GA 30033

Title: DP (X) Change ( ) Addition  
Name: MIKA, JIM  
Address: 36 WEST 560 SILVER RIDGE DR.  
City-St-Zip: ST. CHARLES, IL 60175

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: JIM MIKA

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date