

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09416

FILED
Apr 05, 2010
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:

174 WATERCOLOR WAY
SUITE 402
SANTA ROSA BCH, FL 32459 US

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:

SMITH, CHARLEEN
174 WATERCOLOR WAY
SUITE 402
SANTA ROSA BCH, FL 32459 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: CHARLEEN SMITH

04/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: FANT, JOHN
Address: 4436 IVYWOOD
City-St-Zip: MARIETTA, GA 30062

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLEEN SMITH

RA

04/05/2010

Electronic Signature of Signing Officer or Director

Date