

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09416

FILED  
Feb 01, 2011  
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:**

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

**New Mailing Address:**

PO BOX 4762  
SANTA ROSA BEACH, 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:**

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

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

BRUNI, AL  
5008 HWY 98 SUITE 2B  
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: AL BRUNI

02/01/2011

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: AL BRUNI

MGR

02/01/2011

Electronic Signature of Signing Officer or Director

Date