

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11983

FILED
Jan 24, 2009
Secretary of State

Entity Name: PALAMAR OAKS VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4150 JEFFERSON DRIVE
ST. CLOUD, FL 34769

New Principal Place of Business:

4150 JEFFERSON DRIVE
ST. CLOUD, FL 34769 US

Current Mailing Address:

4150 JEFFERSON DRIVE
ST. CLOUD, FL 34769

New Mailing Address:

4150 JEFFERSON DRIVE
ST. CLOUD, FL 34769 US

FEI Number: 59-2797125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLYDE JACKSON
4209 HAMILTON CT
ST CLOUD, FL 34769 US

Name and Address of New Registered Agent:

JACKSON, CLYDE D
4209 HAMILTON CT
ST CLOUD, FL 34769 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: CLYDE D. JACKSON

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: M. RICHARDS, CARMEN L
Address: 1151 MONROE AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD () Delete
Name: FERGUSON, ANNE
Address: 4151 JEFFERSON DRIVE
City-St-Zip: ST. CLOUD, FL

Title: PD () Delete
Name: CLYDE JACKSON,
Address: 4209 HAMILTON CT
City-St-Zip: ST CLOUD, FL

Title: VD () Delete
Name: HENSCHEN, LOIS G
Address: 4200 HAMILTON CT
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: M. RICHARDS, CARMEN L
Address: 1151 MONROE AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: SD (X) Change () Addition
Name: FERGUSON, ANN M
Address: 4151 JEFFERSON DR
City-St-Zip: ST. CLOUD, FL 34769 US

Title: PD (X) Change () Addition
Name: JACKSON, CLYDE D
Address: 4209 HAMILTON CT
City-St-Zip: ST CLOUD, FL 34769 US

Title: VD (X) Change () Addition
Name: BISHOP, CARLA
Address: 1120 MONROE AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

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: CLYDE D. JACKSON

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date