

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12169

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** PALMER ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRATED PROPERTY MANAGEMENT, INC.  
3435 10TH STREET NORTH, STE 201  
NAPLES, FL 33940

**New Principal Place of Business:**

C/O INTEGRATED PROPERTY MGMT, INC.  
3435 10TH STREET NORTH, STE 201  
NAPLES, FL 33940

**Current Mailing Address:**

C/O INTEGRATED PROPERTY MANAGEMENT, INC.  
3435 10TH STREET NORTH, STE 201  
NAPLES, FL 33940

**New Mailing Address:**

C/O INTEGRATED PROPERTY MGMT, INC.  
3435 10TH STREET NORTH, STE 201  
NAPLES, FL 33940

**FEI Number:** 59-2826849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONGILLO & KRAUSE, LLP  
1250 9TH STREET N  
SUITE 211  
NAPLES, FL 34102 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: DP ( ) Delete  
Name: WILLETTE, DAVID  
Address: 2080 GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: DST ( ) Delete  
Name: WILETTE, KAY  
Address: 2080 GORDON DRIVE  
City-St-Zip: NAPLES, FL 34102

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

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: DAVID WILLETTE

DP

02/05/2009

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

\_\_\_\_\_  
Date