2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N14418

Entity Name: PALM GARDEN CLUB HOME OWNERS ASSOCIATION

Current Principal Place of Business:

1800 CLUB GARDENS DR NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

1800 CLUB GARDENS DR NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-2857963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPITZ, EDWARD G
1511 CLUB GARDENS DR, NE
PALM BAY, FL 32905 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: SD ( ) Delete
Name: MCNULTY, HELEN
Address: 1611 CLUB GARDENS DR NE
City-St-Zip: PALM BAY, FL 32905

Title: TD ( ) Delete
Name: SPITZ, ANNETTE
Address: 1511 CLUB GARDENS DR NE
City-St-Zip: PALM BAY, FL 32905

Title: PD ( ) Delete
Name: ARANT, JOHN R
Address: 1712 CLUB GERDENS DR NE
City-St-Zip: PALM BAY, FL 32905

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPD ( ) Change (X) Addition
Name: LENISH, CHARLES L
Address: 1714 CLUB GARDENS DR. NE
City-St-Zip: PALM BAY, FL 32905

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: ANNETTE SPITZ TD 03/28/2009

Electronic Signature of Signing Officer or Director — Date