

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17154

FILED
Apr 13, 2009
Secretary of State

Entity Name: PALMER RANCH MASTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6142 CLARK CENTER AVE
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

6142 CLARK CENTER AVE
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 59-2782438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, JOHN F ESQ.
2033 WOOD ST.
STE. 220
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

COOK, JOHN F ESQ.
2033 WOOD ST.
STE. 208
SARASOTA, FL 34237 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:

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARTH, RICHARD C
Address: 6142 CLARK CENTER AVENUE
City-St-Zip: SARASOTA, FL 34238

Title: TD () Delete
Name: TURNER, EDWIN
Address: 8588 POTTER PARK DR., STE. 500
City-St-Zip: SARASOTA, FL 34238

Title: DS () Delete
Name: AMBRECHT, SUSANN
Address: 6142 CLARK CENTER AVENUE
City-St-Zip: SARASOTA, FL 34238

Title: VPD () Delete
Name: POWELL, JUSTIN
Address: 8588 POTTER PARK DRIVE STE 500
City-St-Zip: SARASOTA, FL 34238

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: TURNER, EDWIN
Address: 5589 MARQUESAS CIR #201
City-St-Zip: SARASOTA, FL 34233

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

Title: VPD (X) Change () Addition
Name: POWELL, JUSTIN
Address: 5589 MARQUESAS CIR #201
City-St-Zip: SARASOTA, FL 34233

Title: ASD () Change (X) Addition
Name: SMITH, TRACY
Address: 6142 CLARK CENTER AVENUE
City-St-Zip: SARASOTA, FL 34238

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: RICHARD C. BARTH

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date