

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17864

FILED
Jan 07, 2009
Secretary of State

Entity Name: PALM CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O KENNETH KIRKPATRICK
8888 S.W. STATE RD. 200
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

POB 772042
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-2774085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMERY, ROGER P
8306 SW 106 PLACE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

EDGERTON, CARL L
8356 SW 106 STREET
OCALA, FL 34481 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: CARL L. EDGERTON

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMAR, ROGER
Address: 8306 SW 106
City-St-Zip: OCALA, FL 34481

Title: VD () Delete
Name: SOLOMON, NANCY
Address: 8548 SW 105 PLACE
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: KIRKPATRICK, KENNETH
Address: 8888 SW STATE RD 200
City-St-Zip: OCALA, FL 34481

Title: T3 () Delete
Name: DEMERY, JANET
Address: 8306 SW 106 PLACE
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: CHAMBERS, HARRY
Address: 8189 SW 105 PLACE
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: STOIANOWSKI, YVONNA
Address: 8326 SW 107 PLACE
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDGERTON, CARL L
Address: 8356 SW 106 STREET
City-St-Zip: OCALA, FL 34481

Title: VD (X) Change () Addition
Name: CHIPMAN, VIRGINIA
Address: 8470 SW 107 PLACE
City-St-Zip: OCALA, FL 34481

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

Title: T3 (X) Change () Addition
Name: DEMERY, ROGER P
Address: 8306 SW 106 PLACE
City-St-Zip: OCALA, FL 34481

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: ROGER P. DEMERY

T3

01/07/2009

Electronic Signature of Signing Officer or Director

Date