

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18332

FILED
Jan 27, 2009
Secretary of State

Entity Name: FIRST ADDITION TO PALM ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14940 CALEB DR.
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

14940 CALEB DR.
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2153475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHR, JOSEPH
14940 CALEB DR.
FORT MYERS, FL 33908 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: SMITH, WARREN
Address: 14860 CALEB DR.
City-St-Zip: FORT MYERS, FL 33908

Title: DV () Delete
Name: HARRIS, BRIAN J
Address: 14929 CALEB DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: TIMSON, STANLEY
Address: 14851 CALEB DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: DT () Delete
Name: LEWIS, JAMES
Address: 14850 CALEB DR.
City-St-Zip: FORT MYERS, FL 33908

Title: DS () Delete
Name: COYLE, SANDRA
Address: 14861 CALEB DR
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: BEHR, JOSEPH
Address: 14940 CALEB DR.
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: BEHR, JOSEPH
Address: 14940 CALEB DR.
City-St-Zip: FORT MYERS, FL 33908

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: () 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: JAMES W. LEWIS

DT

01/27/2009

Electronic Signature of Signing Officer or Director

Date