2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2008
Secretary of State

DOCUMENT# N24971

Entity Name: PALM RIVER MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

793 WALKERBILT RD
LOT D-5
NAPLES, FL 34110 US

New Principal Place of Business:

793 WALKERBILT RD
LOT C-2
NAPLES, FL 34110 US

Current Mailing Address:

793 WALKERBILT RD
LOT D-5
NAPLES, FL 34110 US

New Mailing Address:

793 WALKERBILT RD
LOT C-2
NAPLES, FL 34110 US

FEI Number: 58-1775598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, NELLIE
793 WALKERBILT RD
LOT D-5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BARRESI, FRANK
793 WALKERBILT RD
LOT C-2
NAPLES, FL 34110 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: FRANK BARRESI 10/05/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLANCHARD, GORDON C
Address: 793 WALKERBILT RD LOT E-10
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete
Name: WEIDNER, RONALD
Address: 793 WALKERBILT RD., LOT A-8
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: JORGENSEN, HERBERT
Address: 793 WALKERBILT RD LOT E-7
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: LENNINGTON, PETE
Address: 793 WALKERBILT RD LOT E-17
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: WRIGHT, WALTER
Address: 793 WALKERBILT RD LOT B-4
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARRESI, FRANK
Address: 793 WALKERBILT RD LOT C-2
City-St-Zip: NAPLES, FL 34110

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: FRANK BARRESI PD 10/05/2008
Electronic Signature of Signing Officer or Director Date