

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24971

FILED
Jan 05, 2011
Secretary of State

Entity Name: PALM RIVER MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1775598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, ANDREY
793 WALKERBILT RD
LOT B-2
NAPLES, FL 34110 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: TRS
Name: REID, ANDREW TRES.
Address: 793 WALKERBILT RD LOT B-2
City-St-Zip: NAPLES, FL 34110

Title: PRES
Name: BARRESI, FRANK PRES
Address: 793 WALKERBILT RD., LOT C-2
City-St-Zip: NAPLES, FL 34110

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

Title: D
Name: ELLIOTT, BOB
Address: 793 WALKERBILT RD LOT A-2
City-St-Zip: NAPLES, FL 34110

Title: D
Name: VATALARO, JANE
Address: 793 WALKERBILT RD LOT B-4
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: BARRESI, FRANK
Address: 793 WALKERBILT RD, LOT C-2
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: FRANK BARRESI

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date