2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29473

FILED Mar 11, 2009 Secretary of State

Entity Name: PALM HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W. SR 434 STE 5000 LONGWOOD, FL 327795004 US **New Mailing Address: Current Mailing Address:** 2180 W. SR 434 STE 5000 LONGWOOD, FL 327795004 US FEI Number: 59-3178067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W. SR 434 STE 5000 LONGWOOD, FL 327795004 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition HOWARD, GLENN Name: Name: 2707 HILL ST #301 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: SD () Delete Title: VPD (X) Change () Addition THOMPSON, RICHARD Name: Name: THOMPSON, RICHARD Address: 328 SANTIAGO DR Address: 328 SANTIAGO DR City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: () Delete Title: () Change () Addition MAHURIN, DANIEL W Name: Name: 1343 CAMPBELL ST Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: () Delete Title: TSD () Change (X) Addition Name: Name: MARIA, ROBERT Address: Address: 2707 HILL ST #502 City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: DAN MAHURIN PD 03/11/2009