2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31402

FILED Mar 15, 2008 Secretary of State

Entity Name: PALM ISLE MOBILE HOME ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1560 CURLESS AVE. APOPKA, FL 32712 US

Current Mailing Address: New Mailing Address:

1015 MAITLAND CENTER COMMONS SUITE 110 MAITLAND, FL 32751 US

FEI Number: 59-2957501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOREEN, RICHARD W 1015 MAITLAND CENTER COMMONS SUITE 110 MAITLAND, FL 32751 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:

 Title:
 PD
 () Delete

 Name:
 WILLIAMS, JACK

 Address:
 1502 TROPIC ISLE DR

 City-St-Zip:
 APOPKA, FL 32712

Title: VD () Delete
Name: COCHRAN, ROBERT
Address: 1548 CORLESS AVE
City-St-Zip: APOPKA, FL 32712

 Title:
 TD
 () Delete

 Name:
 UPHAM, JOYCE

 Address:
 1562 TROPIC ISLE DR

 City-St-Zip:
 APOPKA, FL
 32712

 Title:
 SD
 () Delete

 Name:
 SCHAAD, DIANE

 Address:
 1518 CURLESS AVE

 City-St-Zip:
 APOPKA, FL 32712

Title: D () Delete Name: GIACOMAZZI, MIKE Address: 1522 HAWAIIAN PALM

APOPKA, FL 32712

City-St-Zip:

Title: PD (X) Change () Addition

Name: GINSKI, CHARLES Address: 329 BAHIA MAR DR City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change () Addition

Name: KACZMAREK, JERRY Address: 1510 ABACO CAY City-St-Zip: APOPKA, FL 32712

Title: TD (X) Change () Addition

Name: SILVA, RALPH
Address: 325 BAHIA MAR DR
City-St-Zip: APOPKA, FL 32712

Name: GINSKI, KITTY
Address: 329 BAHIA MAR DR
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition

Name: GAUTHIER, EDWARD Address: 1514 ABACO CAY City-St-Zip: APOPKA, FL 32712

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: RALPH, SILVA TD 03/15/2008