

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N31402

Entity Name: PALM ISLE MOBILE HOME ASSOCIATION, INC.

Current Principal Place of Business:

1560 CURLESS AVE.
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

1015 MAITLAND CENTER COMMONS
SUITE 110
MAITLAND, FL 32751 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

THOREEN, RICHARD W
1015 MAITLAND CENTER COMMONS
SUITE 110
MAITLAND, FL 32751 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: PD () Delete
Name: GINSKI, CHARLES
Address: 329 BAHIA MAR DR
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: KACZMAREK, JERRY
Address: 1510 ABACO CAY
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: SILVA, RALPH
Address: 325 BAHIA MAR DR
City-St-Zip: APOPKA, FL 32712

Title: SD () Delete
Name: GINSKI, KITTY
Address: 329 BAHIA MAR DR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: GAUTHIER, EDWARD
Address: 1514 ABACO CAY
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: RALPH SILVA

TD

02/18/2009

Electronic Signature of Signing Officer or Director

Date