

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31402

FILED
Jan 30, 2010
Secretary of State

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:

1504 HAWAIIAN PALM LANE
APOPKA, FL 32712 US

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: TREA
Name: MILES, STEVEN
Address: 1504 HAWAIIAN PALM LANE
City-St-Zip: APOPKA, FL 32712

Title: PRES
Name: JACOBS, AUSBY
Address: 1567 CURLESS AVE
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: TOWNSEND, ANN
Address: 1526 TROPIC ISLE DR
City-St-Zip: APOPKA, FL 32712

Title: SEC
Name: REYES, MARGARET
Address: 1555 TROPIC ISLE DR
City-St-Zip: APOPKA, FL 32712

Title: SOA
Name: SYMONS, MAXINE
Address: 1562 TROPIC ISLE DR
City-St-Zip: APOPKA, FL 32712

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: STEVEN MILES

TRES

01/30/2010

Electronic Signature of Signing Officer or Director

Date