2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

DOCUMENT# N31402

Entity Name: PALM ISLE MOBILE HOME ASSOCIATION, INC.

Current Principal Place of Business:

1504 HAWAIIAN PALM LANE
APOPKA, FL 32712 US

New Principal Place of Business:

1510 ABACO CAY LN
APOPKA, FL 32712 US

Current Mailing Address:

800 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 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
800 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701 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: TOMARCHIO, CHARLES M
Address: 1517 ABACO CAY LN
City-St-Zip: APOPKA, FL 32712

Title: PRES
Name: KACZMAREK, CONNIE
Address: 1510 ABACO CAY LN
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: COCHRAN, ROBERT
Address: 1548 CURLESS AVE
City-St-Zip: APOPKA, FL 32712

Title: SEC
Name: ODOM, ROBERT
Address: 1528 HAWAIIAN PALM LN
City-St-Zip: APOPKA, FL 32712

Title: SOA
Name: GIACOMAZZI, MICHAEL
Address: 1522 HAWAIIAN PALM LN
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: CHARLES M. TOMARCHIO TREA 01/30/2012

Electronic Signature of Signing Officer or Director Date