

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33952

FILED
Apr 23, 2009
Secretary of State

Entity Name: PALM COURT RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

310 PEARL AVE
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

DELLCOR MANAGEMENT
310 PEARL AVE
SARASOTA, FL US

New Mailing Address:

310 PEARL AVE
SARASOTA, FL 34243 US

FEI Number: 65-0147851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL DELL'ARMI
DELLCOR MANAGEMENT
310 PEARL AVE
SARASOTA, FL 34243 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: D () Delete
Name: RUSSO, JOHN
Address: 4707 61ST AVE DR W
City-St-Zip: BRADENTON, FL 34210

Title: PD () Delete
Name: CRAWFORD, ROBERT
Address: 4805 61ST AVE DRIVE W.
City-St-Zip: BRADENTON, FL 34210

Title: VPD () Delete
Name: PATTERSON, WILLIAM
Address: 4903 61ST AVE. DRIVE W.
City-St-Zip: BRADENTON, FL 34210

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:

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: BOB CRAWFORD

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date