## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34163

FILED Jan 09, 2008 Secretary of State

Entity Name: PORT PANACEA VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
BOX 142 PANACCA,	FL 32346	US			
Current Mailing Address:			New Mailing A	New Mailing Address:	
BOX 142 PANACCA,	FL 32346	US			
FEI Number:	56-1642652	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Add	ress of New Registered Agent:	
CRUM, ELO 5 CRUM DI PANACEA,	RIVE	US	MARK, MITCHE 2147 PINK FLAI TALLAHASSEE	MINGO LN	
The above in the State		submits this statement for the pu	urpose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE: MARK MITCHELL				01/09/2008	
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CH	HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( BARFIELD, TF 115 MAGNOLI BAINBRIDGE,	A LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/T ( MITCHELL, M. 2147 PINK FL TALLAHASSE	AMINGO LN	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST ( MITCHELL, M 156 GOOSE O TALLAHASSE	REEK TRL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STINSON, WII 135 DUNCAN		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	BD ( UNDERWOOD 4336 ROCKIN TALLAHASSE	GHAM ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: MARK MITCHELL VP 01/09/2008