2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35287

FILED Apr 07, 2009 Secretary of State

Entity Name: PALM COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1930 COMMERCE LANE, STE 1 JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** 1930 COMMERCE LANE, STE 1 JUPITER, FL 33458 FEI Number: 65-0161146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INGLIS, STEVE C/O BRISTOL MANAGEMENT SERVICES, INC. 1930 COMMERCE LANE, STE 1 JUPITER, FL 33458 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition QUINN, BOB QUINN, BOB Name: Name: 6025 FOUNTAIN PALM DR Address: 6025 FOUNTAIN PALM DR Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: (X) Change () Addition LEIBOUICH, STEVEN Name: Name: DREYER, DAVID Address: 18585 LAKESIDE GARDENS DR Address: 18610 LAKESIDE GARDENS.DR City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: () Change () Addition TIBURZI, ALLAN Name: Name: 18549 LAKESIDE GARDENS DR Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: () Delete Title: Title: () Change () Addition LEE, KEN Name: Name: 6036 FOUNTAIN PALM DR Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: (X) Change () Addition DREYER, DAVID SAUNDERS, CHARLES Name: Name: 18610 LAKESIDE GARDENS DR 6060 FOUNTAIN PALM DRIVE Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458

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 QUINN P 04/07/2009