2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N38985

Entity Name: PALM BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18318
PANAMA CITY BEACH, FL 324178318 US

New Mailing Address:

FEI Number: 59-3023461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 324022327 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF
348 MIRACLE STRIP PARKWAY SW SUITE 7
FORT WALTON BEACH, FL 32548 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: RAYMOND F. NEWMAN 01/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHEEK, JAMES
Address: 117 GROVE ISLE BLVD
City-St-Zip: PANAMA CITY BCH, FL 32408

Title: VD ( ) Delete
Name: LINGO, DAVID
Address: 118 GROVE ISLE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: SD ( ) Delete
Name: YATES, PAUL
Address: 8205 PALM COVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: TD ( ) Delete
Name: KENT, JIMMY
Address: 161 PALM GROVE BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete
Name: MONIAK, JOHN
Address: 8204 GRAND PALM BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete
Name: SCHENCK, PHIL
Address: 114 PALM CROSSING BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: RUEBSAMEN, RICKEY
Address: 117 PALM HARBOUR BLVD
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES CHEEK PD 01/03/2008
Electronic Signature of Signing Officer or Director Date