2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38985

FILED Feb 17, 2009 Secretary of State

Entity Name: PALM BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:			
2827 JOAN SUITE B PANAMA (N AVE CITY BEACH,	FL 32408				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX PANAMA (FL 324178318 US				
FEI Number:	: 59-3023461	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	l Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
348 MIRAC FORT WA	LTON BEACH	ARKWAY SW SUITE 7 H, FL 32548 US	ourpose of changing i	its registered office or registered agent, or both,		
	e of Florida.	·				
SIGNATU						
	Electro	nic Signature of Registered Age	ent	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CHEEK, JAME 117 GROVE IS		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	RUEBSAMEN, 117 PALM HA		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition COX, JAN 8229 GRAND BAY BLVD PANAMA CITY BEACH, FL 32408		
Title: Name: Address: City-St-Zip:	YATES, PAUL 8205 PALM C) Delete OVE BLVD ' BEACH, FL 32408	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition MORGAN, JOCELYN 120 PALM CROSSING BLVD PANAMA CITY BEACH, FL 32408		
Title: Name: Address: City-St-Zip:	KENT, JIMMY 161 PALM GR) Delete OVE BLVD BEACH, FL 32408	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MONIAK, JOH 8204 GRAND		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BROWN, KENNY 112 PALM BAY BLVD PANAMA CITY BEACH, FL 32408		
Title: Name: Address: City-St-Zip:	SCHENCK, PH 114 PALM CR) Delete IIL OSSING BLVD 'BEACH, FL 32408	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: TAMMY MALLORY MGR 02/17/2009