

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39711

FILED
Feb 08, 2009
Secretary of State

Entity Name: PALM LAKES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8436 PALM LAKES CT
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1719
TALLEVAST, FL 34270 US

New Mailing Address:

FEI Number: 65-0214832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, LORI
8436 PALM LAKES CT
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: P () Delete
Name: ANDRASI, RON
Address: 8359 PALM LAKES CT
City-St-Zip: SARASOTA, FL 34243

Title: TR () Delete
Name: SUMMERS, LORI
Address: 8436 PALM LAKES CT
City-St-Zip: SARASOTA, FL 34243

Title: SECR () Delete
Name: FRAZZONI, DOMINIC
Address: 5317 GARDENS DR
City-St-Zip: SARASOTA, FL 34243

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: LORI SUMMERS

TR

02/08/2009

Electronic Signature of Signing Officer or Director

Date