## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39844

FILED Jan 30, 2009 Secretary of State

Entity Name: THE PALMER CLUB AT PRESTANCIA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3749 SARASOTA SQR BLVD SARASOTA, FL 34238 **Current Mailing Address: New Mailing Address:** 3629 MINEOLA DR SARASOTA, FL 34239 FEI Number: 65-0234308 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: RSC SARASOTA PC LLC 1660 NE MIAMI GARDENS DR STE 1 MIAMI, FL 33179 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 () Change () Addition THORNTON, MELODY Name: Name: 3749 SARASOTO SQR BLVD Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition HERMAN, DEBORAH Name: HERMAN, DEBORAH Name: Address: 3749 SARASOTA SQ BLVD Address: 3749 SARASOTA SQ BLVD City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238 Title: () Delete Title: (X) Change ( ) Addition ROWE, JANICE ROWE, JANICE Name: Name: 3731 SARASOTA SQ BLVD STE 101 3731 SARASOTA SQ BLVD STE 101 Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238 Title: SD ( ) Delete Title: () Change () Addition Name: DVORAK, JO A Name: 3749 SARASOTA SQ BLVD Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: () Change () Addition MCCLOSKEY, ALEX Name: Name: 571 N MACEWAN DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 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: MELODY THORNTON PD 01/30/2009