

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 18, 2008
Secretary of State

DOCUMENT# N42225

Entity Name: PALM LAKE GARDENS OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4255 S 25TH STREET
FT. PIERCE, FL 34981 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 13660
FT. PIERCE, FL 34979 US**New Mailing Address:****FEI Number:** 65-0381128**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SNEED, RICHARD D JR
1905 S 25TH STREET
FORT PIERCE, FL 34947 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: ANDERSON-THOMAS, PATIENCE T MRS.
Address: 2604 PALM LAKES AVENUE
City-St-Zip: FT. PIERCE, FL 34981

Title: VP () Delete
Name: DIPALMA, STEVEN MR.
Address: 2728 SOUTH SERENITY CIRCLE
City-St-Zip: FT. PIERCE, FL 34981

Title: T () Delete
Name: HARGROVE, PAMELA MS.
Address: 2617 NORTH SERENITY CIRCLE
City-St-Zip: FT. PIERCE, FL 34981

Title: S (X) Delete
Name: HARPER, BETTYE MRS.
Address: 2708 NORTH SERENITY CIRCLE
City-St-Zip: FT. PIERCE, FL 34981

Title: D (X) Delete
Name: COLBURN, KELLY MRS.
Address: 2704 PALM LAKES AVENUE
City-St-Zip: FT. PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MASON, KENNETH MR.
Address: 2607 SERENITY CIRCLE N
City-St-Zip: FT. PIERCE, FL 34981

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: PATIENCE ANDERSON-THOMAS

P

08/18/2008

Electronic Signature of Signing Officer or Director

Date