## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42319

FILED Apr 16, 2008 Secretary of State

Entity Name: PALM LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	MMUNITY DR ALM BEACH, F			
Current Mailing Address:		New Mailing Address:		
	MMUNITY DR ALM BEACH, F			
FEI Numbe	r: 59-3129164	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:
515 NÓ. F 18TH FLO	ARY ESQ. FLAGLER DRI' DOR, NORTHE ALM BEACH, F	BRIDGE TOWER 1		
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
SIGNATU	JRE:			
	Electro	nic Signature of Registered Age	ent	Date
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS
Title: Name: Address:	D ( LIST, MARTIN 2425 EMBASS	) Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
Title: Name: Address: City-St-Zip: Title: Name: Address:	D ( LIST, MARTIN 2425 EMBASS WEST PALM I D ( LEVY, STACE 15220 PALM N	) Delete SY DR BEACH, FL 33401 ) Delete Y	Title: Name: Address:	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D ( LIST, MARTIN 2425 EMBASS WEST PALM I  D ( LEVY, STACE 15220 PALM I  PALM BEACH  D ( KOLLINGER, I  7025 CARLISI	) Delete SY DR BEACH, FL 33401  ) Delete Y WOOD RD GARDENS, FL 33410  ) Delete HERBERT H LE LANE	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition
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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: GARY WALK ESQ 04/16/2008