

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43286

FILED
Mar 04, 2009
Secretary of State

Entity Name: PALOMA POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AWAKENINGS ASSOC. MGMT., INC.
4213 COUNTY RD. 218., STE. 1
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

FRED ELEFANT ESQ
1650 PRUDENTIAL DRIVE, SUITE 105
JACKSONVILLE, FL 32207 US

Current Mailing Address:

C/O AWAKENINGS ASSOC. MGMT., INC.
4213 COUNTY RD. 218., STE. 1
MIDDLEBURG, FL 32068 US

New Mailing Address:

FRED ELEFANT ESQ
1650 PRUDENTIAL DRIVE, SUITE 105
JACKSONVILLE, FL 32207 US

FEI Number: 59-3036138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4213 COUNTY RD. 218
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

ELEFANT, FRED ESQ
1650 PRUDENTIAL DRIVE
105
JACKSONVILLE, FL 32207 US

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: FRED ELEFANT ESQ

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RENFRO, MARK
Address: 4159 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: LANGLEY, BJ
Address: 4183 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL 32017

Title: VPD () Delete
Name: JUDGE, SHANNON
Address: 4160 PRIMA VISTA CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: GALLOGLY, LOREN
Address: 4111 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD () Delete
Name: ELDRETH, MARYANNE
Address: 4120 PRIMA VISTA CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Delete
Name: GALLOGLY, LOREN
Address: 4111 PALOMA POINT
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RENFRO, MARK
Address: 4159 PALOMA POINT COURT
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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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: MARK RENFRO

PRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date