

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44064

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: PALACO GRANDE ASSOCIATION, INC.

**Current Principal Place of Business:**

2710 DEL PRADO BLVD  
#2-272  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

2710 DEL PRADO BLVD  
#2-272  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

2710 DEL PRADO BLVD  
#2-272  
CAPE CORAL, FL 33904

FEI Number: 65-0245042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRANTZ, MYRNA  
1932 SE 32ND TERR  
CAPE CORAL, FL 33904 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: PD ( ) Delete  
Name: BEARDSLEY, WAYNE  
Address: 1932 SE 32ND TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete  
Name: PETER, PARTILO  
Address: 3323 SE 17TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: ONDERCIN, LYNN  
Address: 3328 SE 17TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: FRANTZ, MYRNA  
Address: 1932 SE 32ND TERR  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PARTILO, PETER  
Address: 3323 SE 17TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD (X) Change ( ) Addition  
Name: NOLAN, WILLIAM  
Address: 3316 SE 17TH PL  
City-St-Zip: CAPE CORAL, FL 33904

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: MYRNA FRANTZ

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04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date