


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N44454 1. Entity Name PALM BEACH CLUB HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1390 FT PICKENS RD PENSACOLA BCH., FL 32561	Mailing Address 127 PALAFOX PLACE SUITE 200 PENSACOLA, FL 32502
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3116312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JME MANAGEMENT CO.
22 A VIA DE LUNA
PENSACOLA, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000791388 01/23/08-80074-002 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAY, CONNIE 1390 FT PICKENS RD #211 PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, LOGAN 308 BIBB AVE AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, SUZI 22 WESTFAIR COURT NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEWS, MONTE 1390 FT. PICKENS RD. #213 PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARGER, BECKY 4712 WILLIAMSBURG DR BATON ROUGE, LA 70817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEACHAMAN, CAROL 1390 FT PICKENS RD PENSACOLA BEACH, FL 32561

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie Way, Pres.* **8-15-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #