

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47530

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PALM GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1830 MICHIGAN AVENUE  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 701374  
ST. CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 65-0315353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, MIRIAM  
2987 ELBID DRIVE  
SAINT CLOUD, FL 34772 US

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

RIGAUD, PATRICIO  
160 HARWOOD CIRCLE  
KISSIMEE, FL 34744 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: PATRICIO RIGAUD/ AGENT

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAAVEDRA, ANGEL M  
Address: 14750 SEATTLE SLEW PL  
City-St-Zip: ORLANDO, FL 32826

Title: SDT ( ) Delete  
Name: ORTIZ, MARIA E  
Address: 72B-1 MICHIGAN CT  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: RIGAUD, PATRICIO  
Address: 160 HARWOOD CIRCLE  
City-St-Zip: KISSIMEE, FL 34744

Title: DV (X) Change ( ) Addition  
Name: ROMERO, ANA J  
Address: 4605 FALCON AVENUE  
City-St-Zip: KISSIMEE, FL 34746

Title: SDT ( ) Change (X) Addition  
Name: ALICEA, MARIA E  
Address: 715-4 MICHIGAN CT  
City-St-Zip: SAINT CLOUD, FL 34769

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: PATRICIO RIGAUD

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date