2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N92000000632

Entity Name: PALM BAY ESTATES RO ASSOCIATION, INC.

Current Principal Place of Business:

3092 INDIAN RIVER DR. N.E.
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

3092 INDIAN RIVER DR. N.E.
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-3159545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUGAN, MICHELLE
C/O RECONCILABLE DIFFERENCES, INC
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 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: ORTON, WILLIAM
Address: 1332 TURKEY CREEK DR NE
City-St-Zip: PALM BAY, FL 32905

Title: 2VPD ( ) Delete
Name: MALYS, TISH
Address: 1208 TURKEY CREEK DR NE
City-St-Zip: PALM BAY, FL 32905

Title: TD ( ) Delete
Name: SAXTON, BETTY
Address: 2948 INDIAN RIVER DR NE
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: NELSON, RONALD
Address: 2966 INDIAN RIVER DR NE
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: DWYER, KAY
Address: 1473 TURKEY CREEK DR NE
City-St-Zip: PALM BAY, FL 32905

Title: S ( ) Delete
Name: STUHLMILLER, TERRY
Address: 1330 TURKEY CREEK DRIVE NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: MALYS, TISH
Address: 1208 TURKEY CREEK DR NE
City-St-Zip: PALM BAY, FL 32905

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

Title: ( ) Change ( ) Addition
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: WILLIAM ORTON PD 01/20/2009

Electronic Signature of Signing Officer or Director — Date