## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N93000002054

FILED Feb 29, 2012 Secretary of State

Entity Name: PALM TRAIL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

C/O S. SWANK 425 PALM TRAIL

425 PALM TRAIL DELRAY BEACH, FL 33483 US

DELRAY BEACH, FL 33483 US

**New Mailing Address: Current Mailing Address:** 

C/O S. SWANK 425 PALM TRAIL

425 PALM TRAIL DELRAY BEACH, FL 33483 US

DELRAY BEACH, FL 33483 US

FEI Number: 65-0411650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SWANK, S. SWANK, ANN 425 PALM TRAIL 425 PALM TRAIL

DELRAY BEACH, FL 33483 US DELRAY BEACH, FL 33483 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: ANN SWANK 02/29/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

CASSIDY, CAROLINE Name: Address: 424 PALM TRAIL City-St-Zip: DELRAY BEACH, FL 33483

Title:

Name: LINDGREN, SHARI Address: 434 PALM TRAIL

City-St-Zip: DELRAY BEACH, FL 33483

Title: DT

SWANK, ANN Name: Address: 425 PALM TRAIL

City-St-Zip: DELRAY BEACH, FL 33483

Title: DS

Name: HEHNER, CLAUDIA Address: 230 PALM TRAIL

City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: ANN SWANK DT 02/29/2012