

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001946

FILED
Apr 06, 2009
Secretary of State

Entity Name: PALMS OF TIERRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 SUN BLVD
SUITE 200
ST PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
SUITE 200
ST PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 74-2777245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD
SUITE 200
ST PETERSBURG, FL 33715 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: P () Delete
Name: EAKLEY, JIM
Address: 261 MADEIRA CIRCLE
City-St-Zip: TIERRA VERDE, FL 33715

Title: VP/T () Delete
Name: MAIETTA, JOSEPH
Address: 404 MADEIRA CIRCLE
City-St-Zip: TIERRA VERDE, FL 33715

Title: S () Delete
Name: BABIASZ, CHRIS
Address: 402 YACHT CLUB LANE
City-St-Zip: TIERRA VERDE, FL 33715

Title: D () Delete
Name: BECKER, FRANCINE
Address: 405 MADEIRA CIRCLE
City-St-Zip: TIERRA VERDE, FL 33715

Title: D () Delete
Name: FATHAUER, ALAN
Address: 323 MADEIRA CIRCLE
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: PETER DILTS, CMCA

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date