

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004163

FILED
Mar 31, 2009
Secretary of State

Entity Name: PALM POINTE/PALM ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2255
PALM CITY, FL 34991

New Principal Place of Business:

543 NW LAKE WHITNEY PLACE
101
PORT ST. LUCIE, FL 34986

Current Mailing Address:

P.O. BOX 2255
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0645600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L
CORNETT, GOOGE & ASSOCIATES, PA
401 E. OSCEOLA STREET
STUART, FL 34994 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: MADEBACH, DENNIS
Address: 3412 SW COCO PALM DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: WELAND, JOHN
Address: 3418 SW COCO PALM DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: RICHTER, CHRIS
Address: 3136 SW SOLITAIRE PALM DR.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SPICER, JAY
Address: 3287 SW MAJESTIC CT.
City-St-Zip: PALM CITY, FL 34990

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: DIANE MUNDT

LCAM

03/31/2009

Electronic Signature of Signing Officer or Director

Date