2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N96000001228

Entity Name: THREE PALMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

FRANCIS J. VEARD
31233 THREE PALMS LANE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

FRANCIS J. VEARD
31233 THREE PALMS LANE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3374494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VEARD, FRANCIS J
31233 THREE PALMS LANE
TAVARES, FL 32778 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:	HODDER, MAURICE	
Address:	31229 THREE PALMS LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	VP	( ) Delete
Name:	PETTY, JULIA	
Address:	31277 THREE PALMS LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	T	( ) Delete
Name:	BARON, ROSSLYN	
Address:	31281 THREE PALMS LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	S	( ) Delete
Name:	SWEARENGEN, ELLEN	
Address:	31265 THREE PALMS LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	WILHELMSON, MADELINE	
Address:	31253 THREE PALMS LN	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	LUEDY, JOHN	
Address:	31257 THREE	
City-St-Zip:	TAVARES, FL 32778	

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:	
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: FRANCIS J. VEARD PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date