

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005347

FILED
Apr 13, 2009
Secretary of State

Entity Name: PALM WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1200 PALM WALK LN.
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1200 PALM WALK LN.
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0718010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, WAYNE
1200 PALM WALK LN.
FT. PIERCE, FL 34950 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: D () Delete
Name: POWELL, WAYNE
Address: 1200 PALM WALK LN.
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: COBB, PAT
Address: 1201 PALM WALK LN.
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: KING, WANDA D
Address: 1202 PALM WALK LN.
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: WHITFIELD, EDDIE
Address: 1207 PALM WALK LN.
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: WILLIAMS, CONSTANCE A
Address: 1203 PALM WALK LN.
City-St-Zip: FT. PIERCE, FL 34950

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: WANDA D. KING

MS

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date