

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006398

FILED
Feb 16, 2009
Secretary of State

Entity Name: PALM HARBOR MARINA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2417 PALM HARBOR
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 1126
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-3506243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNELLY, STEVE
2417 PALM HARBOR DR
FT WALTON BCH, FL 37547 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: PV () Delete
Name: SKEHAN, MIKE
Address: 2401 PALM HARBOR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: STD () Delete
Name: CONNELLY, STEVE
Address: 2417 PALM HARBOR DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD () Delete
Name: GLOVER, MATTHEW
Address: 2415 PALM HARBOR
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: DIUNIZIO, MARION
Address: 2404 PALM HARBOR
City-St-Zip: FORT WALTON BEACH, FL 32547

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

Title: VD (X) Change () Addition
Name: BARBER, DENNIS
Address: 2409 PALM HARBOR
City-St-Zip: FORT WALTON BEACH, FL 32547

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: STEPHEN R. CONNELLY

STD

02/16/2009

Electronic Signature of Signing Officer or Director

Date