2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000121

FILED Apr 16, 2009 Secretary of State

Entity Name: PALM ISLES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5273 PALM ISLES BLVD SARASOTA, FL 34233 5284 PALM ISLES BLVD SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

5284 PALM ISLES BLVD SARASOTA, FL 34233

FEI Number: 59-3544991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLEAS, CORAL 5284 PALM ISLES BLVD. SARASOTA, FL 34233 US

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:

Floring Company of Devictors of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: PD () Delete Title: PD (X) Change () Addition ne: D'ATRIA, JOHN Name: PLEAS, CORAL

 Name:
 D'ATRIA, JOHN
 Name:
 PLEAS, CORAL

 Address:
 5273 PALM ISLES BLVD
 Address:
 5284 PALM ISLES BLVD

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 SARASOTA, FL 34233

Title: DT () Delete Title: DT (X) Change () Addition Name: PLEAS, CORAL Name: PLEAS, MICHAEL

Address: 5284 PALM ISLES BLVD Address: 5284 PALM ISLES BLVD
City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete Title: () Change () Addition

 Name:
 ELWING, FAITH
 Name:

 Address:
 5285 PALM ISLES BLVD.
 Address:

 City-St-Zip:
 SARASOTA, FL 34233
 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: CORAL PLEAS PRES 04/16/2009