

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005386

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: PALM GROVE RESIDENTS ASSOCIATION, INC.

## Current Principal Place of Business:

4400 NW 36TH AVE  
GAINESVILLE, FL 32606 US

## New Principal Place of Business:

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

## Current Mailing Address:

4400 NW 36TH AVE  
GAINESVILLE, FL 32606 US

## New Mailing Address:

5208 SW 91ST DRIVE  
SUITE D  
GAINESVILLE, FL 32608 US

FEI Number: 59-3530060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIPPE, PAT  
C/O MANAGEMENT SPECIALISTS  
4400 NW 36TH AVE  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

TRIPPE, PAT  
C/O MANAGEMENT SPECIALISTS  
5208 SW 91ST DRIVE, SUITE D  
GAINESVILLE, FL 32608 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:

01/18/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FOLTZ, BOB E  
Address: 3546 NW 25TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: AINSWORTH, BRIAN  
Address: 2532 NW 36TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete  
Name: ANDERSON, JOANNE  
Address: 3453 NW 25 TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: T ( ) Delete  
Name: MARRONE, DOMINIC  
Address: 2503 NW 37TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: VP ( ) Change (X) Addition  
Name: VUSKON, MICHAEL  
Address: 2507 NW 35TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

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: BOB FOLTZ

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date