

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005386

FILED
Apr 25, 2009
Secretary of State

Entity Name: PALM GROVE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

CONNER, SARAH
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: SARAH CONNER

04/25/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOLTZ, BOB E
Address: 3546 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: BYRD, MARY
Address: 2517 NW 38TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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

Title: T (X) Change () Addition
Name: TUBBS, JESSICA
Address: 3538 NW 25TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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: BOB FOLTZ

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date