

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000378

FILED
Feb 27, 2008
Secretary of State

Entity Name: PALMER GLEN ASSOCIATION, INC.

Current Principal Place of Business:

PMB 169
4025 CATTLEMEN RD.
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

PMB 169
4025 CATTLEMEN RD.
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0928495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNGER, JIM
PMB 169
4025 CATTLEMEN RD.
SARASOTA, FL 34233 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: PD () Delete
Name: BRANCONI, JOE
Address: 7440 ROXYE LANE
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: SVENSON, BJORN
Address: 7466 PALMER GLEN CIR.
City-St-Zip: SARASOTA, FL 34240

Title: VD () Delete
Name: SMITH, CRAIG
Address: 7521 PALMER GLEN CIR.
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: SMITH, KEN
Address: 7410 PALMER GLEN CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: BILICHUK, ALEX
Address: 7493 PALMER GLEN CIR.
City-St-Zip: SARASOTA, FL 34240

Title: V () Delete
Name: UNGER, JIM
Address: PMB 169, 4025 CATTLEMEN RD.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: FICAROLA, JOE
Address: 7541 PALMER GLEN CIR.
City-St-Zip: SARASOTA, FL 34240

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: JIM UNGER

V

02/27/2008

Electronic Signature of Signing Officer or Director

Date