2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002606

FILED Apr 24, 2009 Secretary of State

Entity Name: PALM RIVER RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
5704 RIVER RESERVE CT TAMPA, FL 33619				5708 RIVER RESERVE CT TAMPA, FL 33619			
Current Mailing Address:				New Mailing Address:			
5704 RIVER RESERVE CT TAMPA, FL 33619				5708 RIVER RESERVE CT TAMPA, FL 33619			
FEI Number:	: 59-3645150	FEI Number Applied For ()	FEI Number	r Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Na	nme and	l Address o	of New Registered Agent:	
POPOVEC, MICHAELLE 5704 RIVER RESERVE CT TAMPA, FL 33619 US				WAX, JEREMY 5708 RIVER RESERVE CT TAMPA, FL 33619 US			
	named entity : e of Florida.	submits this statement for the p	urpose of ch	nanging i	its registere	d office or registered agent, or both,	
SIGNATURE: JEREMY WAX						04/24/2009	
	Electror	nic Signature of Registered Age	nt			Date	
OFFICERS	S AND DIREC	TORS:	Αſ	ODITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title:	POPOVEC, MIC 5704 RIVER RI TAMPA, FL 33	ESERVE CT	Add	me: dress: y-St-Zip:	P WAX, JERE 5708 RIVEF TAMPA, FL	R RESERVE CT	
Name: Address: City-St-Zip:	OSTER, STEVE 513 S 58TH ST TAMPA, FL 33	EN REET	Na Add	me: dress: y-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CRAIG, MIKE 517 S 58TH ST TAMPA, FL 33		Add	e: me: dress: y-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SUAREZ, HENF 507 SOUTH 58 TAMPA, FL 33	TH STREET	Add	e: me: dress: y-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CELEIRO, ARM 525 S 58TH ST TAMPA, FL 33	REET	Add	e: me: dress: y-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WAX, GEREMY	ESERVE COURT	Add	e: me: dress: y-St-Zip:		() Change () Addition	

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: JEREMY WAX P 04/24/2009