

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003335

FILED
Apr 22, 2009
Secretary of State

Entity Name: PARK AVENUE SUITES, INC.

Current Principal Place of Business:

1401 PARK AVENUE
SUITE A
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

1401 PARK AVENUE
SUITE A
AMELIA ISLAND, FL 32034

New Mailing Address:

1401 PARK AVENUE
SUITE C
AMELIA ISLAND, FL 32034

FEI Number: 59-3580852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, DARRELL F
1401 PARK AVE STE C
FERNANDINA BEACH, FL 32034 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: PSD () Delete
Name: WALLACE, JAMES W
Address: 1401 PARK AVENUE SUITE A
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: HOLCOMB, DARRELL F
Address: 1401 PARK AVE STE C
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: WATKINS, BILLY RAY
Address: 1401 PARK AVE STE C
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLCOMB, DARRELL
Address: 1401 PARK AVE STE C
City-St-Zip: FERNANDINA BEACH, FL 32034

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: DARRELL HOLCOMB

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date