## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005813

FILED Apr 27, 2009 Secretary of State

Entity Name: PALM HARBOR CENTER OWNERS' ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 7 FLORIDA PARK DRIVE PALM COAST, FL 32135 **Current Mailing Address: New Mailing Address:** P.O. BOX 353993 PALM COAST, FL 32135 FEI Number: 59-3622512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRISTINE & CHRISTINE, P.A. 28 CORDOVA ST. ST. AUGUSTINE, FL 32084 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SHROPSHIRE, KATHERINE Name: Name: Address: 18 VERANDA WAY Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: CORGAN, JOE Name: Address: 3735 CORGAN RD. Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: VPD () Delete Title: () Change () Addition ALSON, ALFRED L M.D. Name: Name: P.O. BOX 352018 Address: Address: City-St-Zip: PALM COAST, FL 32135 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: JOE CORGAN P 04/27/2009