

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005814

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE SHOPS AT PALM HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

25 PALM HARBOR VILLAGE WAY  
SUITE 5  
PALM COAST, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PREFERRED MGT. SERVICES  
P.O BOX 353187  
PALM COAST, FL 32136

**New Mailing Address:**

**FEI Number:** 59-3622510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084 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: ST ( ) Delete  
Name: HAMILTON, JACKIE  
Address: 25 PALM HARBOR VILLAGE WAY STE 6  
City-St-Zip: PALM COAST, FL 32137

Title: P ( ) Delete  
Name: BOOMER, CHARLES  
Address: 25 PALM HARBOR VILLAGE WAY, #9  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: FALLON, JOEL  
Address: 9 HAROBOR CENTER DR.  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHARLIE BOOMER

CB

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date