

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077560

FILED
Aug 24, 2009
Secretary of State

Entity Name: PERSIMMON RIDGE ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

21351 WALKER FARM CT
ALVA, FL 33920

New Principal Place of Business:

21400 WALKER FARM CT
ALVA, FL 33920

Current Mailing Address:

21351 WALKER FARM CT
ALVA, FL 33920

New Mailing Address:

21400 WALKER FARM CT
ALVA, FL 33920

FEI Number: 33-1093895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THADDEE, GADOURY
21351 WALKER FARM CT
ALVA, FL 33920 US

Name and Address of New Registered Agent:

WATTS, BARBARA
21351 WALKER FARM CT
ALVA, FL 33920 US

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: BARBARA WATTS

08/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAVOURY, TED
Address: 21351 WALKER FARM CT
City-St-Zip: ALVA, FL 33920

Title: VP () Delete
Name: SPEIGHT, ROSEMARY
Address: 17434 TALLVLAN FALL ROAD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ST () Delete
Name: WATTS, BARBARA
Address: 2140 WALKER FARM CT.
City-St-Zip: ALVA, FL 33920

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WATTS

SEC/

08/24/2009

Electronic Signature of Signing Officer or Director

Date