

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080637

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH LIFESTYLES REALTY, INC.

**Current Principal Place of Business:**

736 GARDEN LANE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

160 W. CAMINO REAL  
283  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

3100 ALLERTON LAKE DRIVE  
WINSTON SALEM, NC 27106 US

**New Mailing Address:**

FEI Number: 65-0657474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOOD, WENFORD L  
736 GARDEN LANE  
ORMOND BEACH, FL 32174 US

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

HOOD, WENFORD L  
160 CAMINO REAL  
283  
BOCA RATON,, FL 33432 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: HOOD, SYLVIA  
Address: 3100 ALLERTON LAKE DRIVE  
City-St-Zip: WINSTON SALEM, NC 27106 US

Title: PD  
Name: HOOD, WENFORD L  
Address: 160 W. CAMINO REAL, # 283  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: WENFORD L. HOOD

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

PRES

04/28/2011

\_\_\_\_\_  
Date