2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722736

FILED Apr 27, 2005 Secretary of State

Entity Name: PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
POST OFFICE BOX 31026 PALM BEACH GARDENS, FL 33420				10249 N. MILITARY TRAIL, #101-N PALM BEACH GARDENS, FL 33410		
Current Mailing Address:				New Mailing Address:		
POST OFFICE BOX 31026 PALM BEACH GARDENS, FL 33420			10249 N. MILITARY TRAIL, #101-N PALM BEACH GARDENS, FL 33410			
El Number:	59-1478684	FEI Number Applied For ()	FEI Nui	mber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	urrent Registered Agent:		Name and Address of	New Registered Agent:	
LEDGER, GENERAL 1973 PGA BLVD. STE. B NORTH PALM BEACH, FL 33408 US				LEDGER, GENERAL 5646 CORPORATE WAY WPB, FL 33407 US		
	named entity su of Florida.	ubmits this statement for the pu	urpose o	of changing its registered	office or registered agent, or both,	
SIGNATURE:			04/27/2005			
	Electronic	c Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: Dity-St-Zip:	ROLLO, MICHAE 10249 N MILITAF			Title: (Name: Address: City-St-Zip:) Change () Addition	
Fitle: Name: Address: City-St-Zip:	GULLO, STEVE 10193 N MILITAR	Delete RY TRL, #1015 ARDENS, FL 33410		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Fitle: Name: Address: City-St-Zip:	MCMANNUS, VIF 10249 N. MILITA	Delete RGINIA RY TRAIL, #101-N ARDENS, FL 33410		Title: (Name: Address: City-St-Zip:) Change () Addition	
Fitle: Name: Address: City-St-Zip:	HERMANN, LEAF 10193 N. MILITA	Delete H RY TRAIL, #204-S ARDENS, FL 33410		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Fitle: Name: Address: City-St-Zip:	ABEL, BETH 10249 N. MILITA	Delete RY TRAIL, #202-N ARDENS, FL 33410		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA MCMANUS D 04/27/2005			D	
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