

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722736

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10249 N. MILITARY TRAIL, #101-N  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

5646 CORPORATE WAY  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 59-1478684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE GENERAL LEDGER OF THE PALM BEACHES INC  
5646 CORPORATE WAY  
WEST PALM BEACH, FL 33407 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: D ( ) Delete  
Name: CONSTANTINE, PETE  
Address: 110 INNER HRBOR WAY JUPITER  
City-St-Zip: JUPITER, FL 33477

Title: S (X) Delete  
Name: HERMANN, LEAH  
Address: 10193 N MILITARY TRL, #204S  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P ( ) Delete  
Name: MCMANNUS, VIRGINIA  
Address: 10249 N. MILITARY TRAIL, #101-N  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Delete  
Name: ROLLO, ANNE MARIE  
Address: 10249 N. MILITARY TRAIL, #205N  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: SILVA, BETTY  
Address: 10193 N. MILITARY TRAIL, #202S  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete  
Name: CONSTANTINE, PETER  
Address: 10193 N. MILITARY TRAIL, #207S  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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:

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: VIRGINIA MCMANUS

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date