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FILED

Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736863 (2)

1. Corporation Name

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B"
INC.

Principal Place of Business

Mailing Address

2055 WOOD ST STE 202
POB 6165
SARASOTA FL 34237-79452055 WOOD ST STE 202
POB 6165
SARASOTA FL 34237-7945

3. Date Incorporated or Qualified

09/23/1976

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1747273

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY & ACCOUNTING MGMT
2055 WOOD ST STE 202
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHILDS, WILLIAM	
STREET ADDRESS	5621 PALM AIRE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRICHTMEIER, SHIRLEY	
STREET ADDRESS	7880 PALM AIRE LANE	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, DENNIS	
STREET ADDRESS	7820 PALM AIRE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEIN, PAUL	
STREET ADDRESS	5618 PALM AIRE DR	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KITCHEN, DORIS	
STREET ADDRESS	7816 PALM AIRE LN	
CITY - ST - ZIP	SARASOTA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIBERI, VICTOR	
STREET ADDRESS	5622 PALM AIRE DR.	
CITY - ST - ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/D
3.3 STREET ADDRESS	Martin, Dennis
3.4 CITY - ST - ZIP	7820 Palm Aire Drive Sarasota, FL 34243
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RD
5.3 STREET ADDRESS	Albegro, Richard
5.4 CITY - ST - ZIP	7880 Palm Aire Lane Sarasota, FL 34243
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063317

CR2E037 (9/96)