



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90022 026 \*\*\*\*61.25

<b>DOCUMENT # 736863</b> 1. Entity Name <b>PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B", INC.</b>					
Principal Place of Business <b>9031 TOWN CENTER PKWY BRADENTON, FL 34202</b>			Mailing Address <b>C/O AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202</b>		
2. Principal Place of Business  Suite, Apt. #, etc.: City & State: Zip:		3. Mailing Address  Suite, Apt. #, etc.: City & State: Zip:		<div style="text-align: center;">  </div>	
4. FEI Number <b>59-1747273</b>		Applied For <input type="checkbox"/> Not Applicable		01072004 Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202</b>	
7. Name and Address of New Registered Agent  Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:		8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRAMER, HERBERT 7810 PALM PINE LN SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINKLEMAN, JOHN 5413 PALM AIRE DR SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DON VON STEEN 5615 PALM AIRE DR. SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONARD, PAUL 5613 PALM AIRE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, PAUL 5613 PALM AIRE DR SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGUIRE, FRANK 7880 PALM AIRE CARE #102 SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLATT, DENNIS 7860 PALM PINE LN #106 SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOAN GURGOLD 5524 PALM AIRE DR. SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Date: <b>Mar 02/04</b>					