

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753350

FILED  
Mar 04, 2010  
Secretary of State

**Entity Name:** PALMA DEL MAR CONDOMINIUM ASSOCIATION NO. 5 OF ST PETERSBURG, INC.

**Current Principal Place of Business:**

C/O QUALIFIED PROPERTY MANAGEMENT, INC.  
1301 SEMINOLE BLVD., STE. 110  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O QUALIFIED PROPERTY MANAGEMENT, INC.  
1301 SEMINOLE BLVD., STE. 110  
LARGO, FL 33770 US

**New Mailing Address:**

**FEI Number:** 59-2133547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUALIFIED PROPERTY MANAGEMENT INC.  
5901 US 19 N.  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 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  
Name: RISK, CAROLL  
Address: 6372 PALMA DEL MAR BLVD., #1007  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TD  
Name: KEEFE, JACK  
Address: 6372 PALMA DEL MAR BLVD #201  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: SD  
Name: TORNETTA, MIKE  
Address: 6372 PALMA DEL MAR BLVD #315  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VD  
Name: COX, TERRY  
Address: 6372 PALMA DEL MAR BLVD #112  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: PD  
Name: PRUETT, TOMMY  
Address: 6372 PALMA DEL MAR BLVD #706  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D  
Name: MALMBERG, DAVE T  
Address: 6372 PALMA DEL MAR BLVD #901  
City-St-Zip: SAINT PETERSBURG, FL 33715

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOMMY PRUETT

PD

03/04/2010

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

\_\_\_\_\_  
Date