


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 759667 1. Entity Name THE PALMS-WEST CONDOMINIUM ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 2325 W. PENSACOLA STREET TALLAHASSEE FL 32304 | Mailing Address 2325 W. PENSACOLA STREET TALLAHASSEE FL 32304 |
|---|---|



MOORE CR2E037 (11/03)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2295176 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|--|
| 6. Name and Address of Current Registered Agent |
| WOLFE, LARRY S 200-A JOHN KNOX RD TALLAHASSEE FL 32303 |

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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State: FL 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|--|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD DELMONICO, BARBARA 12012 N. FOX DEN DRIVE KNOXVILLE TN 37922 |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | STD BATEMAN, NILS 2981 INDIAN SPRINGS LANE TALLAHASSEE FL 32303 |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | VD KAMAL, MCHAMMAD M 2325 W. PENSACOLA ST. #226 TALLAHASSEE FL 32304 |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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: Nils Bateman Date: 2/18/04 Daytime Phone #: 850 536 0249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR