



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90007 018 ***150.00

DOCUMENT # 770956 1. Entity Name PALMA PLAZA OWNERS' ASSOCIATION, INC.					
Principal Place of Business 140 ROYAL PALM WAY, STE. 202 PALM BCH, FL 33480			Mailing Address 140 ROYAL PALM WAY, STE. 202 PALM BCH, FL 33480 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2366096	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHOLLA, PETER D 140 ROYAL PALM WAY STE 201 PALM BEACH, FL 33480			Name PHIL MADDOX Street Address (P.O. Box Number is Not Acceptable) 140 ROYAL PALM WAY SUITE 200 City PALM BEACH FL Zip Code 33480		
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOPKINS, RANDOLPH		NAME		
STREET ADDRESS	% 140 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METTLER, PETER		NAME		
STREET ADDRESS	140 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOLLA, PETER		NAME	PHIL MADDOX	
STREET ADDRESS	140 ROYAL PALM WAY		STREET ADDRESS	140 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH, FL		CITY-ST-ZIP	PALM BEACH, FL 33480	
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4. FEI Number
59-2366096

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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Due by May 1, 2006**

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Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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Florida Department of State**

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #