


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000006409</b> 1. Entity Name <b>4560 PALMETTO CONDOMINIUM ASSOCIATION, INC.</b>			FILED <b>2008 OCT 28 PM 3:43</b> 10-28 JO TALLAHASSEE, FLORIDA
Principal Place of Business <b>4572 PALMETTO AVE WINTER PARK, FL 32792</b>		Mailing Address <b>936 W. HERON CIRCLE WINTER HAVEN, FL 33884 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4560 PALMETTO AVE</b>		3. Mailing Address <b>435 RUBY LAKE PLACE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>WINTER PARK</b>		City & State <b>WINTER HAVEN, FL</b>	
Zip <b>32792</b>		Zip <b>33884</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>61-1427721</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>KROMBACH, PHIL 936 W. HERON CIRCLE WINTER HAVEN, FL 33884</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>KROMBACH, PHILIP</b> Street Address (P.O. Box Number is Not Acceptable) <b>435 RUBY LAKE PLACE</b> City <b>WINTER HAVEN</b> <b>FL</b> Zip Code <b>33884</b>	
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 <u><i>Philip Krombach</i></u> <b>PHILIP KROMBACH</b> <b>10/20/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b>	NAME <b>KROMBACH, PHILIP</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>
STREET ADDRESS <b>936 W. HERON CIRCLE</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>KROMBACH, PHILIP</b>
TITLE <b>VD</b>	NAME <b>VINAS, CATHY</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>435 RUBY LAKE PLACE</b>
STREET ADDRESS <b>4572 PALMETTO AVE.</b>	CITY-ST-ZIP <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINTER HAVEN, FL 33884</b>
TITLE <b>SD</b>	NAME <b>VINAS, ISREAL</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>400137352614</b>
STREET ADDRESS <b>4572 PALMETTO AVE.</b>	CITY-ST-ZIP <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>10/20/08--01015--005 **\$61.25</b>
TITLE <b>TD</b>	NAME <b>KROMBACH, MARILYN</b>	<input type="checkbox"/> Delete	TITLE 
STREET ADDRESS <b>936 W. HERON CIRCLE</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>435 RUBY LAKE PLACE</b>
TITLE 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>WINTER HAVEN, FL 33884</b>
TITLE 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u><i>Philip Krombach</i></u>		<b>PHILIP KROMBACH</b> <b>10/20/08</b> <b>863-318-9243</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	
PRESIDENT			