

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


2/7

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-07-2006 90027 027 ****61.25

DOCUMENT # N05000006607

1. Entity Name
THREE PALMS CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2141 ALTERNATE AIA SOUTH
SUITE 330
JUPITER, FL 33477**

Mailing Address
**2141 ALTERNATE AIA SOUTH
SUITE 330
JUPITER, FL 33477**

66002891



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State
Zip Country

4. FEI Number
54-2177756

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBERT BRODY, P.A.
301 CLEMATIS STREET
SUITE 201
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
Name: **Robert Brody, P.A.**
Street Address (P.O. Box Number is Not Acceptable): **1601 Forum Place,**
Suite 1101
City: **West Palm Beach** FL Zip Code: **33401**

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 reissuing) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FROMER, ROBERT L 2141 ALTERNATE AIA SOUTH SUITE 330 JUPITER, FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FROMER, ANTHONY B 5 POND STREET KINGS POINT, NY 11024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PROTTING, NORMA 2141 ALTERNATE AIA SOUTH SUITE 330 JUPITER, FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **1/25/06**

DATE: _____ DAYTIME PHONE # _____



ATTACHMENT

66002891

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

THREE PALMS CENTER CONDOMINIUM ASSOCIATION, INC.
2141 ALTERNATE AIA SOUTH
SUITE 330
JUPITER, FL 33477

Subject: THREE PALMS CENTER CONDOMINIUM ASSOCIATION, INC.

Reference Number: N05000006607

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm
ANNUAL REPORTS SECTION

Dear Sir.
FEI # has been
inserted in Block 4 as
requested.

Dorinda Prather
2/24/06