

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010909

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: PALMS OF BEACH PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

212 S CHURCH STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

212 S CHURCH STREET  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-5729339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, RONALD G  
4322 S. MANHATTAN AVE.  
TAMPA, FL 33611 US

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

REINHARDT, DEBRA  
7300 PARK STREET  
SEMINOLE, FL 33777 US

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: DEBRA REINHARDT

04/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: FERNANDEZ, GIGI  
Address: 3225 S MACDILL AVE #129-285  
City-St-Zip: TAMPA, FL 33629

Title: VSD ( ) Delete  
Name: GEDDES, JANE  
Address: 3225 S MACDILL AVE #129-285  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: SIMON, RONALD G  
Address: 2905 BAYSHORE BLVD #202  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD (X) Change ( ) Addition  
Name: TRAUB, BRIAN  
Address: 2905 BAYSHORE BOULEVARD #202  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GIGI FERNANDEZ

D

04/17/2007

Electronic Signature of Signing Officer or Director

Date