


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90070 027 \*\*\*\*70.00

<b>DOCUMENT # N06000009533</b>					
<b>1. Entity Name</b> PALMS EIGHT CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2240 FRONT STREET MELBOURNE, FL 32901			<b>Mailing Address</b> 2240 FRONT STREET MELBOURNE, FL 32901		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5988673	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COFFEY, MICHAEL 2240 FRONT STREET MELBOURNE, FL 32901			<b>7. Name and Address of New Registered Agent</b> Name <u>Laura Coffey</u> Street Address (P.O. Box Number is Not Acceptable) <u>2240 Front Street</u> City <u>Melbourne</u> <u>FL</u> Zip Code <u>32901</u>		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD	<b>NAME</b> WAHLEN, CHARLES		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2240 FRONT STREET	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901				
<b>TITLE</b> SD	<b>NAME</b> COFFEY, MICHAEL		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2240 FRONT STREET	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901				
<b>TITLE</b> TD	<b>NAME</b> COFFEY, LAURA		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2240 FRONT STREET	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Laura Coffey</u> TD		4/30/07 321-684-0769			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			