


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90028 011 \*\*\*150.00

**DOCUMENT # P05000004079**

1. Entity Name  
**PALM REALTY ASSOCIATES, INC.**



Principal Place of Business  
**2875 SOUTH OCEAN BLVD.**  
**200**  
**PALM BEACH, FL 33480**

Mailing Address  
**2875 SOUTH OCEAN BLVD.**  
**200**  
**PALM BEACH, FL 33480**

2. Principal Place of Business - No P.O. Box #  
**205 WORTH AVENUE**

3. Mailing Address  
**205 WORTH AVENUE**

Suite, Apt. #, etc.  
**SUITE 307C**

Suite, Apt. #, etc.  
**SUITE 307C**

City & State  
**PALM BEACH, FL**

City & State  
**PALM BEACH, FL**

Zip  
**33480**

Country  
**UNITED STATES**

Zip  
**33480**

Country  
**UNITED STATES**



04082007 Chg-P CR2E034 (12/06)

4. FEI Number **20-2706430** Applied For  
**NOT APPLICABLE** Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKIBBIN, DAVID A SR.**  
**601 GEORGE BUSH BLVD.**  
**DELRAY BEACH, FL 33483**

**205 WORTH AVENUE**  
**SUITE 307C**  
**PALM BEACH, FL**  
**33480**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_

State **FL** Zip Code \_\_\_\_\_

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 *David McKibbin* DATE 4-30-07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCKIBBIN, KATHRYN J</b> <b>1388 LAND'S END ROAD</b> <b>HYPOLUXO ISLAND, FL 33462</b>	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"/> Delete <b>S/T</b> <b>DAVIS, JOANNE G</b> <b>6369 N.W. 120 DR.</b> <b>CORAL SPRINGS, FL 33078</b>	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"/> Delete <b>V</b> <b>OPPENHEIMER, PETER C</b> <b>2875 SOUTH OCEAN BLVD.</b> <b>PALM BEACH, FL 33480</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>205 WORTH AVENUE, Suite 307C</b> <b>PALM BEACH, FL 33480</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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 *Kathryn McKibbin* **KATHRYN MCKIBBIN** 4/30/07 561-547-6606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #