

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90027 026 ****61.25

DOCUMENT # 722736 1. Entity Name PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 31026 PALM BEACH GARDENS, FL 33420			Mailing Address POST OFFICE BOX 31026 PALM BEACH GARDENS, FL 33420		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		94059598	
City & State		City & State		4. FEI Number 59-1478684	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAMBAUGH, INC. <i>GENERAL LEDGER</i> 1603 S.W. LAREDO STREET <i>1973 P.O.A. BLVD</i> PALM CITY, FL 34990 <i>SUITE B</i> <i>P. BEACH GARDENS, FL 33408</i>				7. Name and Address of New Registered Agent Name <i>General Ledger</i> Street Address (P.O. Box Number is Not Acceptable) <i>1973 P.O.A. Blvd Ste B</i> City <i>PBG</i> FL Zip Code <i>33418</i>	
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 <i>[Signature]</i> DATE <i>4-15-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURO, DONNA 10193 N. MILITARY TRAIL, #102-N PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL ROLLO 10249 N MILITARY TRAIL, #205N P. BEACH GARDENS, FL 33410-4640	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINISH REARDON, KATHERINE 10249 N. MILITARY TRAIL, #102-N PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE GULLO 10193 N MILITARY TRAIL #1015 PALM BEACH GARDENS, FL 33410-4640	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMANUS, VIRGINIA 10249 N. MILITARY TRAIL, #101-N PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMANN, LEAH 10193 N. MILITARY TRAIL, #204-S PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEL, BETH 10249 N. MILITARY TRAIL, #202-N PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-15-04</i> Daytime Phone #		