

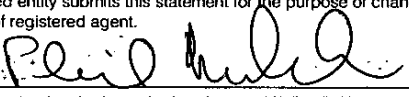
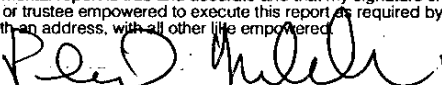


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90006 010 \*\*\*\*61.25

<b>DOCUMENT # N02000006409</b> 1. Entity Name <b>4560 PALMETTO CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4572 PALMETTO AVE WINTER PARK, FL 32792</b>		Mailing Address <b>4572 PALMETTO AVE WINTER PARK, FL 32792</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>178 VERONA DR</b>  Suite, Apt. #, etc.  City & State <b>POINCIANA FL</b> Zip                      Country <b>34759 USA</b>	
		01042005    Chg-NP                      CR2E037 (10/03)	
			
		01042005    Chg-NP                      CR2E037 (10/03)	
4. FEI Number <b>61-1427721</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VINAS, ISRAEL 4572 PALMETTO AVE WINTER PARK, FL 32792</b>		7. Name and Address of New Registered Agent Name <b>PHIL KROMBACH</b> Street Address (P.O. Box Number is Not Acceptable) <b>178 VERONA DR</b> City <b>POINCIANA FL</b> Zip Code <b>34759</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.  SIGNATURE  <b>PHIL KROMBACH</b> 1-04-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD VINAS, ISRAEL 4572 PALMETTO AVE WINTER PARK, FL 32792	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEVLIN, JOE 3328 RAIDERS RUN WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHIL KROMBACH 178 VERONA DR POINCIANA, FL 34759
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VINAS, CATHY 4572 PALMETTO AVE WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA. MARILYN KROMBACH 178 VERONA DR. POINCIANA FL 34759
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
	<input type="checkbox"/> Delete		
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 life empowered.			
<b>SIGNATURE:</b>  <b>PHIL KROMBACH</b> 1-04-05    863-427-7497		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #	