2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# 761846

Entity Name: PALM PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PROPER MGMT
2131 NE 30TH ST
POMPANO BCH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2131 NE 30TH ST
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 59-2238253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPER MANAGEMENT
2131 NE 30TH ST
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: OSBORNE, DOROTHY
Address: 2131 NE 30 STREET
City-St-Zip: POMPANO BEACH, FL 33074

Title: PD ( ) Delete
Name: HOWLETT, JULIE
Address: 2131 NE 30 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD ( ) Delete
Name: HIGGINS, MONA LISA
Address: 2131 NE 30 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: WILHOIT, RON
Address: 2131 NE 30 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete
Name: EKMIERO, SHARON
Address: 2131 NE 30 STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HIGGINS, MONA LISA
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: PD (X) Change ( ) Addition
Name: HOWLETT, JULIE
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: TD (X) Change ( ) Addition
Name: EKMIERO, SHARON
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: D (X) Change ( ) Addition
Name: WILHOIT, RON
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: D (X) Change ( ) Addition
Name: STAMPFL, MARIE
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: D ( ) Change (X) Addition
Name: GRIFFIN, CATHY
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEN NOVEEN MGR 03/17/2005

Electronic Signature of Signing Officer or Director — Date