


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90437 028 \*\*\*\*61.25

<b>DOCUMENT # N02000002312</b> 1. Entity Name <b>PALM GARDENS OF SARASOTA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>445 S PALM AVE SARASOTA, FL 34236</b>	Mailing Address <b>381 INTERSTATE BLVD. SARASOTA, FL 34240</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>JOHNSON, ROBERT M</b> <b>27 S ORANGE AVE</b> <b>SARASOTA, FL 34236</b>	<i>Heidi Webber - Co SunVast</i> <i>381 Interstate Blvd.</i> <i>Sarasota FL 34240</i>
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DO NOT WRITE  
IN THIS SPACE

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>Heidi Webber</i>	<i>CAM</i>	<i>4/25/07</i>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DIBEAUMONT, OSCAR R</b> <b>445 S PALM AVE</b> <b>SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>ORTIZ, THERESA</b> <b>445 S PALM AVE</b> <b>SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TURNER, HEIDI</b> <b>445 S PALM AVE</b> <b>SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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>SIGNATURE:</b> <i>Heidi Webber CAM</i> <i>Heidi Turner Pres.</i>	<i>4/25/07</i>	<i>3700260</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>