

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002312

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** PALM GARDENS OF SARASOTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

445 S PALM AVE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

381 INTERSTATE BLVD.  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 90-0161315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBBER, HEIDI  
C/O SUN VAST  
381 INTERSTATE BLVD.  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

SUNVAST MANAGEMENT  
381 INTERSTATE BLVD  
SARASOTA, FL 34240 US

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: SUNVAST MANAGEMENT

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: DIBEAUMONT, OSCAR R  
Address: 445 S PALM AVE  
City-St-Zip: SARASOTA, FL 34236

Title: DST ( ) Delete  
Name: ORTIZ, THERESA  
Address: 445 S PALM AVE  
City-St-Zip: SARASOTA, FL 34236

Title: PD (X) Delete  
Name: TURNER, HEIDI  
Address: 445 S PALM AVE  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOYCE, ORTIZ  
Address: P.O. BOX 2813  
City-St-Zip: SOUTH PORTLAND, ME 04116

Title: T (X) Change ( ) Addition  
Name: TURNER, HEIDI  
Address: 535 PUTTER LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOYCE ORTIZ

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date