

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759667

Entity Name: THE PALMS-WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2325 W. PENSACOLA STREET
TALLAHASSEE, FL 32304**Current Mailing Address:**2325 W. PENSACOLA STREET
P.O BOX 21439
TALLAHASSEE, FL 32304 US**FEI Number:** 59-2295176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATRICIA SWAIN
2325 W PENSACOLA STREET
TALLAHASSEE, FL 32304 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:** PATTY SWAIN

01/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HOEY, SEAN
Address	2601 HANWICH CIRCLE
City-State-Zip:	TALLAHASSEE FL 32309

Title	MANAGING AGENT
Name	CAPITAL ASSOCIATION MANAGEMENT LLC
Address	PO BOX 3965
City-State-Zip:	TALLAHASSEE FL 32315

Title	BOARD MEMBER
Name	GILL , ASHLEY
Address	2325 W PENSACOLA STREET
City-State-Zip:	TALLAHASSEE FL 32304

Title	SECRETARY, TREASURER
Name	MANNERS, EDSON
Address	3708 CARRINGTON PL.
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	WOOD , ANDRE
Address	1407 E CALL ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	BOARD MEMBER
Name	TYMOSHENKO, YURIY
Address	1925 STONE RD. #301
City-State-Zip:	TALLAHASSEE FL 32303

I hereby 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 all other like empowered.

SIGNATURE: KYLE ROWELL**CFO**

01/30/2021

Electronic Signature of Signing Officer/Director Detail

Date