

**2023 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

03/12/2023

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

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

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

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

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

03/12/2023

Electronic Signature of Signing Officer/Director Detail

Date