

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006607

**Entity Name:** THREE PALMS CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC0268160343**

**Current Principal Place of Business:**

2151 ALTERNATE AIA SOUTH  
SUITE 600  
JUPITER, FL 33477

**Current Mailing Address:**

2151 ALTERNATE AIA SOUTH  
SUITE 600  
JUPITER, FL 33477 US

**FEI Number: 54-2177756**

**Certificate of Status Desired: No**

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

ROBERT BRODY, P.A.  
1601 FORUM PLACE  
STE 1101  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DRISCOLL, THOMAS  
Address 6170 MULLIN STREET  
City-State-Zip: JUPITER FL 33458

Title VPD  
Name GARFINKEL, PHILIP  
Address P.O. BOX 3246  
City-State-Zip: HARVEY CEDARS NJ 08008

Title SD  
Name PROTTHING, NORMA L  
Address 290 RIVERSIDE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: NORMA L. PROTTHING**

**SECRETARY**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date