

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006607

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

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**4051005886CC**

**Current Principal Place of Business:**

2141 S ALTERNATE A1-A  
SUITE 100  
JUPITER, FL 33477

**Current Mailing Address:**

2141 S ALTERNATE A1-A  
SUITE 100  
JUPITER, FL 33477 US

**FEI Number: 54-2177756**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION ATTORNEYS  
824 W. INDIANTOWN ROAD  
JUPITER, FL 33458 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 RASO, LOUIS J DR.  
Address 2141 S ALTERNATE A1-A  
SUITE 110  
City-State-Zip: JUPITER FL 33477

Title SD  
Name DRISCOLL, THOMAS  
Address 2141 S ALTERNATE A1-A  
SUITE 100  
City-State-Zip: JUPITER FL 33477

Title VPD  
Name DAVENPORT, MARY  
Address 2151 S. ALTERNATE A-1-A, SUITE  
2000  
City-State-Zip: JUPITER FL 33477

*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: LOUIS J. RASO**

**PRESIDENT**

**01/24/2024**

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

\_\_\_\_\_  
Date