2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000009709

Entity Name: PALMETTO TRUST ASSOCIATION, INC.

FILED Feb 06, 2024 **Secretary of State** 4305852246CC

Current Principal Place of Business:

215 CELEBRATION PLACE

SUITE 300

CELEBRATION, FL 34747

Current Mailing Address:

ATTN: DVC REGULATORY AFFAIRS

1851 COMMUNITY DRIVE

LAKE BUENA VISTA, FL 32830 US

FEI Number: 93-2866368 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 515 EAST PARK AVENUE 2ND FLOOR

TALLAHASSEE, FL 32301 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: MARY FINK 02/06/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **DIRECTOR & PRESIDENT** Title DIRECTOR & VICE PRESIDENT

Name DIERCKSEN, WILLIAM Name SAKASKE, SHANNON

215 CELEBRATION PLACE 215 CELEBRATION PLACE Address Address

SUITE 300 SUITE 300

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

DIRECTOR, VICE PRESIDENT & Title DIRECTOR, VICE PRESIDENT & Title

SECRETARY ASSISTANT SECRETARY CHANG, YVONNE Name ARMOR, ALISON

Name

Address 215 CELEBRATION PLACE Address 215 CELEBRATION PLACE SUITE 300 SUITE 300

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT & ASSISTANT VICE PRESIDENT & TREASURER Title **TREASURER**

Name HILL, TYLANA Name RYAN, CRAIG

Address 215 CELEBRATION PLACE Address 215 CELEBRATION PLACE

SUITE 300 SUITE 300

CELEBRATION FL 34747 City-State-Zip: City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR

WHITTINGTON, STEVE Name

215 CELEBRATION PLACE Address

SUITE 300

City-State-Zip: CELEBRATION FL 34747

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: YVONNE CHANG DIRECTOR 02/06/2024