

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 723355 1. Entity Name THE SILVER PALM CONDOMINIUM ASSOCIATION, INC																																								
Principal Place of Business 4136 TO 4162 SILVER PALM DR PO BOX 3803 BCH STATION VERO BEACH FL 32964-3803 US			Mailing Address 4136 TO 4162 SILVER PALM DR PO BOX 3803 BCH STATION VERO BEACH FL 32964-3803 US																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																						
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="text-align: right;">59-1510797</div> <div style="text-align: right;">Applied For Not Applicable</div>																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)																																				
6. Name and Address of Current Registered Agent SMITH, SHERMAN N., III 1717 INDIAN RIVER BLVD STE 301 VERO BEACH FL 32960																																								
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>S</td> <td>OFFUTT, MARGARET</td> <td>4140 SILVER PALM DR</td> <td>VERO BEACH FL 32963</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>DALHOUSE, CAROL</td> <td>4138 SILVER PALM DR.</td> <td>VERO BEACH FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PD</td> <td>LOGAN, JACKIE C</td> <td>4160 SILVER PALM DR</td> <td>VERO BEACH FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TD</td> <td>BLACK, BARBARA</td> <td>4156 SILVER PALM DR</td> <td>VERO BEACH FL 32963</td> <td><input type="checkbox"/></td> </tr> <tr> <td>D</td> <td>GORLEY, SUZANNE</td> <td>40154 SILVER PALM DR</td> <td>VERO BEACH FL 32963</td> <td><input type="checkbox"/></td> </tr> <tr> <td>VD</td> <td>FINNEY, FRED</td> <td>4150 SILVER PALM DRIE</td> <td>VERO BEACH FL</td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	S	OFFUTT, MARGARET	4140 SILVER PALM DR	VERO BEACH FL 32963	<input type="checkbox"/>	D	DALHOUSE, CAROL	4138 SILVER PALM DR.	VERO BEACH FL	<input type="checkbox"/>	PD	LOGAN, JACKIE C	4160 SILVER PALM DR	VERO BEACH FL	<input type="checkbox"/>	TD	BLACK, BARBARA	4156 SILVER PALM DR	VERO BEACH FL 32963	<input type="checkbox"/>	D	GORLEY, SUZANNE	40154 SILVER PALM DR	VERO BEACH FL 32963	<input type="checkbox"/>	VD	FINNEY, FRED	4150 SILVER PALM DRIE	VERO BEACH FL	<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
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SIGNATURE: <u>Barbara Black</u> <u>Barbara Black</u> <u>Treasurer</u> <u>3-24-07</u> <u>772-231-2988</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																								