

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90099 001 ****61.25

DOCUMENT # 735608 1. Entity Name THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4248 BAY BEACH LANE FT. MYERS BCH, FL 33931			Mailing Address 4248 BAY BEACH LANE FT. MYERS BCH, FL 33931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1671765	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PECKHAM, JUDITH 4248 BAY BEACH LANE FT MYERS BCH, FL 33931				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
B. 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.</small>				DATE <div style="text-align: right; font-size: 1.2em;">4-12-04</div> <small>(NOTE: Registered Agent signature required when retaking)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULLEN, WILLIAM		NAME		
STREET ADDRESS	4253 BAY BEACH LANE A-7		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS BEACH, FL 33931		CITY- ST- ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WULF, PATRICK H		NAME	SECRETARY	
STREET ADDRESS	2032 KINDERTON MANOR DRIVE		STREET ADDRESS	KRUSZKA, NEAL	
CITY- ST- ZIP	DULUTH, GA 30097		CITY- ST- ZIP	4374 108th St. Franksville, WI 53126	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, WILLIAM		NAME	TREASURER	
STREET ADDRESS	4203 BAY BEACH LANE 6-D		STREET ADDRESS		
CITY- ST- ZIP	FT. MYERS BEACH, FL 33931		CITY- ST- ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAHWILER, LEON		NAME		
STREET ADDRESS	4203 BAY BEACH LANE 3-H		STREET ADDRESS		
CITY- ST- ZIP	FT MYERS BCH, FL 33931		CITY- ST- ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCARTY, MICHAEL		NAME	VICE PRESIDENT,	
STREET ADDRESS	4253 BAY BEACH LANE E-5		STREET ADDRESS	ALLEN, EDWARD	
CITY- ST- ZIP	FORT MYERS BEACH, FL 33931		CITY- ST- ZIP	3601 Woodbine Road, Rt 94	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Woodbine, MD 21797-7904	
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/12/04 239-463-2044 <small>Day</small> <small>Daytime Phone #</small>		