

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90023 011 ****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

03292006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1671765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☒ Delete
NAME **CULLEN, WILLIAM**
STREET ADDRESS **4253 BAY BEACH LANE A-7**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE **Richard Sturgeon** ☐ Change ☒ Addition
NAME **4203 Bay Beach Ln 5-G**
STREET ADDRESS **Fort Myers Beach, FL 33931**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BOOTH, LAURIE**
STREET ADDRESS **4223 BAY BCH LANE 1H**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KEYSER, LEWIS**
STREET ADDRESS **4253 BAY BCH LANE 3A**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KIRBY, BARBARA**
STREET ADDRESS **6 FREMONT AVE**
CITY-ST-ZIP **EVERETT, MA 02149**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ALLEN, EDWARD H**
STREET ADDRESS **3601 WOODBINE ROAD, RT 94**
CITY-ST-ZIP **WOODBINE, MD 21797**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 info empowered.

SIGNATURE: *Richard Sturgeon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-06 239-463-2044