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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 12 PM 12:06

DOCUMENT # 736863 (2)

1. Corporation Name

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B", INC.

Principal Place of Business	Mailing Address
2055 WOOD ST STE 202 POB 6165 SARASOTA FL 34237-7945	2055 WOOD ST STE 202 POB 6165 SARASOTA FL 34237-7945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1976
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1747273 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MGNT
2055 WOOD ST STE 202
SARASOTA FL 34237

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	VD ☒ Change ☐ Addition
NAME	CHILDS, WILLIAM	12 NAME	Childs, William
STREET ADDRESS	5621 PALM AIRE DR.	13 STREET ADDRESS	5621 Palm Aire Dr.
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GRICHTMEIER, SHIRLEY	22 NAME	
STREET ADDRESS	7880 PALM AIRE LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	D ☐ Change ☒ Addition
NAME	LEFFERT, BERT	32 NAME	Martin, Dennis
STREET ADDRESS	5619 PALM AIRE DR.	33 STREET ADDRESS	7820 Palm Aire Dr.
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	SD	41 TITLE	SD ☐ Change ☒ Addition
NAME	LIEBERWITZ, BYRON	42 NAME	Klein, Paul
STREET ADDRESS	5509 PALM AIRE LANE 56	43 STREET ADDRESS	5618 Palm Aire Dr.
CITY-ST-ZIP	SARASOTA, FL 00000	44 CITY-ST-ZIP	Sarasota, FL 34243
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KITCHEN, DORIS	52 NAME	
STREET ADDRESS	7816 PALM AIRE LN	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	TD ☐ Change ☒ Addition
NAME		62 NAME	Liberi, Victor
STREET ADDRESS		63 STREET ADDRESS	5622 Palm Aire Dr.
CITY-ST-ZIP		64 CITY-ST-ZIP	Sarasota, FL 34243

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley A. Grichtmeier President 4/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Shirley A. Grichtmeier

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