2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State 02-25-2005 90145 017 ****61.25

Secondary Zip Country Zip Country Country Secondary	1. Entity Nam PALM-All	MENT # 736863 RE AT SARASOTA CONDO NTION "B", INC.	MINIUM					2-25-2005 9			.25	
Suite. Apt. 4, etc. Suite. Apt. 5, etc. Suite. Apt. 5, etc. Suite. Apt. 5, etc.	9031 TOWN	CENTER PKWY	C/O AMI 9031 TC	WN CENTER PKV				• • • • • • • • • • • • • • • • • • •			 	
Suite, Apt. 4, etc. Suite, Apt. 5, etc. Q2012005 Chg-NP CR2E037 (10/03)	2. Principal P	tace of Business	3. Mailing	Address	•							
ZP Country Zp Country S. 59-1747273 Mont Application Country Sp Country Sp Country Sp Country Sp Country Sp Sp Country Sp Count	Suite, Apt. #, etc.						2012005	hg-NP	CR2E03	7 (10/03)		
S. Cettinicate of Status Desired S. Name and Address of Current Registered Agent ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202 City FL Zip Code S. 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 arm familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and acc the obligations of registered agent. SIGNATURE FUND PROPER OF STATE OF	City & State	e	City & State			4.	FEI Number 59-17472	73		<u> </u>	Applied For Not Applicable	
ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202 8. The above named only 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 acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the florida. I am familia	Zip	Country	Zip		Country	. 5.	Certificate of S	Status Desired				
ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202 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 registrated agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Filling Foo is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Combulton. Trust Fund Compaign Financing Trust Fund Combulton. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN UNK. SIMET ADDRESS TITLE WPD TITLE WAS STEET ADDRESS STEET ADD		6. Name and Address of Current	Registered A	gent		7.	Name and Ad	dress of New R	egistered /	igent		
SIGNATURE 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 acc the obligations of registered agent. SIGNATURE SIGNATURE	ADVANCE	D MANAGEMENT INC			Name							
8. The above named entily 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 accident the obligations of registered agent. SIGNATURE	9031 TOW	Street Address (P.O. Box Number is Not Acceptable)										
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 acc the obligations of registered agent. SIGNATURE Signature S	DIVIDENT	ON, 1, E 04202							·			
SIGNATURE Signature, typed or presed norm of registered agent and six if applicable. (NOTE: Registered Agent signature received when remitarity) DATE					City	•			FL	Zip Cod	e	
Filling Foe is \$61.25	the obligat		r the purpose	or changing its re	gistered office or	regisiereo aç	gent, or both, i	n the State of Fit	nga, rami	amilar with,	апо ассері	
10. OFFICERS AND DIRECTORS 11. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WAWE KRAMER, HERBERT STRET ADDRESS 7810 PALM PINE LN STRETA JORESS 7810 PALM PINE LN STEEN, DON VON STRETA JORESS TOTY-ST-2P STRETA JORESS COTY-ST-2P SARASOTA, FL 34243 TITLE PD Delete TITLE NAME STRETA JORESS COTY-ST-2P SARASOTA, FL 34243 TITLE PD Delete TITLE NAME STRETA JORESS COTY-ST-2P SARASOTA, FL 34243 TITLE SARASOTA, FL 3	SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicab	le. (NOTE: F	legistered Agent signatur	re required when o	reinstating)		DATE			
TITLE NAME KRAMER, HERBERT STREET ADDRESS CITY-ST-ZP TO PALM PINE LN SARASOTA, FL 34243 CITY-ST-ZP STREET ADDRESS CITY-ST-		-										
WARE CAPERAGES ARASOTA, FL 34243 CITY-ST-2P TITLE VPD Delete TITLE NAME STEET ADDRESS CITY-ST-2P TITLE PD Delete Del	10.		RECTORS		11.	'ADDI	TIONS/CHANG	SES TO OFFICE	RS AND DIF			
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NAME STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 direct 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 1 or Block 1 or Block 1 or Block 10 or Bloc	name Street address	MAGUIRE, FRANK 7880 PALM AIRE CARE #102		☐ Delete	NAME Street Adoress	•				☐ Change	☐ Addition	
NAME STREET ADDRESS 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	GURGOLD, JOAN 5524 PALM AIRE DR.		Delete	NAME STREET ADDRESS					Change	☐ Addition	
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SIGNATURE:	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empe	s true and acc owered to exe	urate and that my cute this report as	signature shall ha required by Chap	ave the same	legal effect as	s if made under	oath; that I a	am an officer	or director	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daie Dayland Phone #	SIGNAT	URE:	Court P. Co.	ename conce				Dava		la dema Chana "		