


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 021 ****61.25

DOCUMENT # 736863					
1. Entity Name PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "B", INC.					
Principal Place of Business 9031 TOWN CENTER PKWY BRADENTON, FL 34202			Mailing Address C/O AMI 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02282008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1747273				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADVANCED MANAGEMENT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202			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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VPD NAME KRAMER, HERBERT STREET ADDRESS 7810 PALM PINE LN CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME STEEN, DON VON STREET ADDRESS 5615 PALM AIRE DR. CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME LEONARD, PAUL STREET ADDRESS 5613 PALM AIRE DR CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME John Hinkelmeier - Pres STREET ADDRESS 5413 Palm Aire Dr CITY-ST-ZIP Sarasota 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME MAGUIRE, FRANK STREET ADDRESS 7880 PALM AIRE CARE #102 CITY-ST-ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME Joan Gurgold - Sec STREET ADDRESS 5524 Palm Aire Dr CITY-ST-ZIP Sarasota 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Asst. Sec. 2-29-08 941-359-1134 <small>Date Daytime Phone #</small>		