2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# 736863

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

Current Principal Place of Business:

9031 TOWN CENTER PKWY
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

C/O AMI
9031 TOWN CENTER PKWY
BRADENTON, FL 34202

New Mailing Address:

FEI Number: 59-1747273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADVANCED MANAGEMENT, INC.
9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: KRAMER, HERBERT
Address: 7810 PALM PINE LN
City-St-Zip: SARASOTA, FL 34243

Title: VPD ( ) Delete
Name: STEEN, DON VON
Address: 5615 PALM AIRE DR.
City-St-Zip: SARASOTA, FL 34243

Title: P ( ) Delete
Name: HINKELMS, JOHN
Address: 5913 PALM AVE D
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete
Name: MAGUIRE, FRANK
Address: 7880 PALM AIRE CARE #102
City-St-Zip: SARASOTA, FL 34243

Title: S ( ) Delete
Name: GURGOLD, JOAN
Address: 5524 PALM AVE DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MAGUIRE T 05/01/2009
Electronic Signature of Signing Officer or Director — Date