


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90463 026 \*\*\*\*61.25

<b>DOCUMENT # 739305</b> 1. Entity Name <b>PALACIO DEL SOL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1500 PARK BEACH CIRCLE PUNTA GORDA, FL 33950</b>			Mailing Address <b>265 TAMiami TRAIL PUNTA GORDA, FL 33952 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6025 Taylor Rd #2</b>		01252005 Chg-NP CR2E037 (10/03)	
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>25-1336219</b>	
Zip <b>33950</b>		Country <b>Charlotte.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GREENE, JOAN F C/O ACCURATE ACCOUNTING 265 TAMiami TR. PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name <b>Star Hospitality Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd #2</b> City <b>Punta Gorda</b> FL Zip Code <b>33950</b>		
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 <u><i>Sherry Conley</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-15-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSNER, FRANK 1500 PARK BEACH CIRCLE # 2C PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEEHAN, JACK 1500 PARK BEACH CIRCLE #4H PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNER, CHRISTIE 1500 PARK BEACH CIRCLE # 2D PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, JOHN 6545 SOUTH KEATING AVE CHICAGO, IL 60629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILY, DINY 1500 PARK BEACH CIR. 5F PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOTZ, ROBERT 1500 PARK BEACH CIRCLE # 2G PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leo Duffy 1500 Park Beach Circle #5G Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ronald Skarzynski 1500 Park Beach Circle #2A Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Magnand 1500 Park Beach Circle # 5H Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Jack 1500 Park Beach Circle 3B Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 I am empowered.					
<b>SIGNATURE:</b> <u><i>Leo Duffy</i></u> <b>APR 22 2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>REVENUE:</b> <u>941-505-8394</u> <small>REVENUE Date Daytime Phone #</small>					