

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90002 004 ****61.25

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DOCUMENT # 739305 1. Entity Name PALACIO DEL SOL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1500 PARK BEACH CIRCLE PUNTA GORDA, FL 33950			Mailing Address 265 TAMiami TRAIL PUNTA GORDA, FL 33952 US <i>C/o Star Hospitality</i>		
2. Principal Place of Business		3. Mailing Address <i>6025 Taylor Rd #2</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2</i>			
City & State		City & State <i>Punta Gorda, FL 33950</i>			
Zip	Country	Zip	Country	06142006 Chg-NP CR2E037 (4/06)	
4. FEI Number 25-1336219				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 STAR HOSPITALITY MGMT 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 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 DUFFY, LEO 1500 PARK BEACH CIRCLE #5G PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARZYNSKI, RONALD S 1500 PARK BEACH CIRCLE #2A 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 MAGNANT, JOSEPH 1500 PARK BEACH CIRCLE # 5H PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JACK 1500 PARK BEACH CIRCLE 3B PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William F. Pizoli <i>Rev</i> 1500 Park Beach Cir # 60 Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty/Treas Margaret Teresi 1500 Park Beach Cir # 6C Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Sheehan 1500 Park Beach Cir # 4H Punta Gorda, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph Magnant 1500 Park Beach Cir # 5H 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 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: <i>William F. Pizoli</i> <i>6-19-06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					