2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743293

FILED Jan 14, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:		
5041 RINGWOOD MEADOW STE 3 SARASOTA, FL 34235				7066 W COUNTRY CLUB DRIVE N SARASOTA, FL 34243		
Current Mailing Address:				New Mailing Address:		
5041 RINGWOOD MEADOW				7066 W COUNTRY CLUB DRIVE N		
STE 3 SARASOT.	A, FL 34235			SARASOT	A, FL 34243	3
El Number:	59-1872839	FEI Number Applied For ()	FEI Num	ber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:
STE 2 SARASOT. The above	WÓOD MEAI A, FL 34235	US		6930 W CO SARASOT	A, FL 34243	UB DRIVE N
SIGNATURE: ARTHUR W SMITH				01/14/2009		
	Electror	ic Signature of Registered Age	ent			Date
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTO
Fitle: Name: Nddress: Dity-St-Zip:	STEMPLE, WIL	Y CLUB DRIVE #101		Title: Name: Address: City-St-Zip:	,	()Change ()Addition
ītle: lame: lddress: Dity-St-Zip:	SMITH, ARTHU	TRY CLUB DR N		Title: Name: Address: City-St-Zip:	SMITH, ARTH 6930 W COU	INTRY CLUB DR N
Title: Jame: Address: Dity-St-Zip:	SD () BOGGAN, SYL' 6932 W. COUN SARASOTA, FL	TRY CLUB DR.		Title: Name: Address: City-St-Zip:	,	()Change ()Addition
itle: lame: ddress: city-St-Zip:	HORNICK, JAN	TRY CLUB DR. N.		Title: Name: Address: City-St-Zip:	,	() Change () Addition
itle: lame: .ddress: :ity-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	GELS, JOHN	UNTRY CLUB DR. N. #224

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: ARTHUR W SMITH PD 01/14/2009