

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744329

FILED
Feb 01, 2009
Secretary of State

Entity Name: PALMA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

545 E. GARFIELD AVE.
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

545 E. GARFIELD AVE.
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-2030767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLES, ED
545 E GARFIELD AVE 901
COCOA BEACH, FL 32931 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: D () Delete
Name: GOLDSMITH, JAMES
Address: 545 E. GARFIELD STE 804
City-St-Zip: COCOA BEACH, FL

Title: STD () Delete
Name: MIRZA, SAMI
Address: 545 E GARFIELD STE 803
City-St-Zip: COCOA BEACH, FL

Title: D () Delete
Name: MURRAY, WILLIAM
Address: 545 GARFIELD STE 703
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: BUTZ, FRANCIS
Address: 545 E GARFIELD 903
City-St-Zip: COCOA BEACH, FL

Title: D () Delete
Name: BIRCK, GWEN
Address: 545 GARFIELD STE 904
City-St-Zip: COCOA BEACH, FL 32931

Title: PD () Delete
Name: KYLES, ED
Address: 545 GARFIELD AVE 901
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOLDSMITH, JAMES
Address: 545 E. GARFIELD STE 804
City-St-Zip: COCOA BEACH, FL 32931

Title: STD (X) Change () Addition
Name: MIRZA, SAMI
Address: 545 E GARFIELD STE 803
City-St-Zip: COCOA BEACH, FL 32931

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

Title: D (X) Change () Addition
Name: BUTZ, FRANCIS
Address: 545 E GARFIELD 903
City-St-Zip: COCOA BEACH, FL 32931

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: SAMI MIRZA

STD

02/01/2009

Electronic Signature of Signing Officer or Director

Date