2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 744841 Jul 25, 2011
Secretary of State

Entity Name: PALMA DEL MAR CONDOMINIUM ASSOCIATION NO. 2 OF ST. PETERSBURG, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT, INC. 3001 EXECUTIVE DRIVE

5901 US HWY 19 SUITE 7Q SUITE 260

NEW PORT RICHEY, FL 34652 US CLEARWATER, FL 33762 US

Current Mailing Address: New Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT, INC. 3001 EXECUTIVE DRIVE

5901 US HWY 19 SUITE 7Q SUITE 260

NEW PORT RICHEY, FL 34652 US CLEARWATER, FL 33762 US

FEI Number: 59-2020446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC. RAHDERT, STEELE, REYNOLDS & DRISCOLL, PA

5901 US 19 N. 535 CENTRAL AVENUE

SUITE 7Q ST. PETERSBURG, FL 33701 US NEW PORT RICHEY, FL 34652 US

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: TIMOTHY DRISCOLL 07/25/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: ALLEN, TOM

Address: 3001 EXECUTIVE DRIVE, SUITE 260 City-St-Zip: CLEARWATER, FL 33762 US

Title: VPS

Name: EGOR, GEORGE

Address: 3001 EXECUTIVE DRIVE, SUITE 260 City-St-Zip: CLEARWATER, FL 33762 US

Title: VP2

Name: HOSKINS, KEVIN

Address: 3001 EXECUTIVE DRIVE, SUITE 260 City-St-Zip: CLEARWATER, FL 33762 US

Title: TD

Name: CAREY, SUE

Address: 3001 EXECUTIVE DRIVE, SUITE 260 City-St-Zip: CLEARWATER, FL 33762 US

Title:

Name: RUSSELL, STEVE

Address: 3001 EXECUTIVE DRIVE, SUITE 260 City-St-Zip: CLEARWATER, FL 33762 US

I hereby 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 all other like empowered.

SIGNATURE: TOM ALLEN P 07/25/2011

FILED