

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745054

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** PALM TREE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W 103  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W 103  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 59-2069958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KASE, SUSAN M  
C/O AMERICAN CONDOMINIUM MANAGEMENT  
615 CAPE CORAL PKWY W #103  
CAPE CORAL, FL 33914 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  
Name: KEENE, MARIENE DIANE  
Address: 4706 SE 4TH PL #11  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD  
Name: SANDERS, NEIL  
Address: 27 DAVID DR.  
City-St-Zip: SAUGUS, MA 01906

Title: STD  
Name: GNIP, GLORIA  
Address: 4706 SE 4TH PL #15  
City-St-Zip: CAPE CORAL, FL 33904

Title: D  
Name: CHAPUT, ELLEN  
Address: 31 ALLEN PLACE  
City-St-Zip: HARTFORD, CT 06106

Title: VP  
Name: TATMAN, CHARLES  
Address: 4706 SE 4TH PL  
City-St-Zip: CAPE CORAL, FL 33904

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: NEIL SANDERS

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date