2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745087

FILED May 25, 2007 Secretary of State

Entity Name: CANE PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	RO BLVD. ERS BEACH, FL 33931			
Current Mailing Address:		New Maili	New Mailing Address:	
	RO BLVD. ERS BEACH, FL 33931			
accordan	r: 59-1859043 FEI Number Applied For () FE nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent:	-		
aine and	Address of Current Registered Agent.	Name and	Address of New Registered Agent.	
4917 AM	LL, JAN MANAGER ERICAN EAGLE CT. ERS, FL 33912 US			
	e named entity submits this statement for the purpore of Florida.	se of changing	its registered office or registered agent, or both,	
IGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
ame: ddress:	T () Delete MCNEELEY, BERNARD P O BOX 212 N/A CHILLICOTHE, OH 45601 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
ame: ddress: ity-St-Zip: tle: ame: ddress:	MCNEELEY, BERNARD P O BOX 212 N/A	Name: Address:	() Change () Addition () Change () Addition	
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	MCNEELEY, BERNARD P O BOX 212 N/A CHILLICOTHE, OH 45601 US S () Delete HARMS, EUGENE 29945 FOXHILL RD	Name: Address: City-St-Zip: Title: Name: Address:		
ame: ddress: tty-St-Zip: ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	MCNEELEY, BERNARD P O BOX 212 N/A CHILLICOTHE, OH 45601 US S () Delete HARMS, EUGENE 29945 FOXHILL RD PERRYSBURG, OH 43551 US D () Delete MERTZ, JAY 5834 MONROE ST SUITE A BOX 104	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition P (X) Change () Addition STOLTZ, JAMES 548 SUMMIT DRIVE	

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: JAMES STOLTZ PRES 05/25/2007