


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90035 041 \*\*\*\*61.25

<b>DOCUMENT # 745103</b>	
1. Entity Name <b>PALMWAY APARTMENTS, INC.</b>	

Principal Place of Business <b>412 SOUTH PALMWAY #2 LAKE WORTH FL 33460-4650 US</b>	Mailing Address <b>412 SOUTH PALMWAY #2 P O BOX 841 LAKE WORTH FL 33460-0841 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P. O. Box 6228</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State <b>Lake Worth, FL</b>
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Zip	Country	Zip	Country
		<b>33466-6228</b>	<b>Palm Beach</b>

4. FEI Number <b>59-1895680</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>MUSGROVE, CHARLES W. 2328 S. CONGRESS AVENUE SUITE 1-D WEST PALM BEACH FL 33406</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

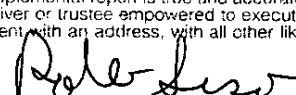
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D VATTULAINEN, ELEANORA</b>
STREET ADDRESS	<b>412 S. PALMWAY, #5</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P SISCO, BOB</b>
STREET ADDRESS	<b>412 S. PALMWAY, #2</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V RANTALA, ANNA-LISA</b>
STREET ADDRESS	<b>412 S PALMWAY #6</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ST CHANCEY, SUSAN D.</b>
STREET ADDRESS	<b>408 CHEYENNE DRIVE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33462</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VD RANTALA, HELY</b>
STREET ADDRESS	<b>412 S PALMWAY #4</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Robert Sisco**  
**President** **2/23/08**