
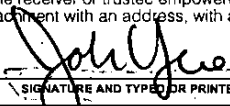


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 005 ****61.25

DOCUMENT # 745132 1. Entity Name THE PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5500 MARINA DRIVE HOLMES BEACH, FL 34217-1540			Mailing Address 5500 MARINA DRIVE HOLMES BEACH, FL 34217-1540		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2181052	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTH, JOHN P. 5203 GULF DRIVE HOLMES BEACH, FLORIDA, FL 33510			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HUTH, JOHN 1819 71ST ST NW BRADENTON, FL 34209			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YENCHO, JOHN PO BOX 582 N/A ANNA MARIA, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOROZ, HELEN 507 58TH ST HOLMES BCH, FL 34217			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____		
			Date _____ Daytime Phone # _____		