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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751454 (0)

1. Corporation Name

PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D", INC.

Principal Place of Business

Mailing Address

2055 WOOD ST - STE 202
PO BOX 6165
SARASOTA FL 34237

2055 WOOD ST - STE 202
PO BOX 6165
SARASOTA FL 34237-7945

3. Date Incorporated or Qualified
03/10/1980

3a. Date of Last Report
04/17/1996

4. FEI Number
59-2009897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust/Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY & ACCOUNTING MGMT
2055 WOOD STREET - STE 202
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME COLEMAN, WARREN
STREET ADDRESS 7155 FAIRWAY BEND DR
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WRIGHT, KATHERINE
STREET ADDRESS 7130 FAIRWAY BEND LANE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MCCOWAN, THOMAS
STREET ADDRESS 7111 FAIRWAY BEND LAND
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME WARNER, GEORGE
STREET ADDRESS 7089 FAIRWAY BEND LANE
CITY-ST-ZIP SARASOTA, FL 00000

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Warner, George
4.3 STREET ADDRESS 7089 Fairway Bend Lane
4.4 CITY-ST-ZIP Sarasota, FL 34243

TITLE D ☐ DELETE
NAME FRED HENZE
STREET ADDRESS 7138 FAIRWAY BEND CIRCLE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Henze, Fred
5.3 STREET ADDRESS 7138 Fairway Bend Circle
5.4 CITY-ST-ZIP Sarasota, FL 34243

TITLE D ☐ DELETE
NAME WILLIAM GUBAS
STREET ADDRESS 7119 FAIRWAY BEND LANE
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063260

CR2E037 (9/96)