



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90202 039 ****61.25

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| DOCUMENT # 751454 | | | |  | |
| 1. Entity Name PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D", INC. | | | | | |
| Principal Place of Business 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235 | | | Mailing Address 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235 | | |
| 2. Principal Place of Business 5041 Ringwood Meadow Suite, Apt. #, etc. STE. 2 | | 3. Mailing Address 5041 Ringwood Meadow Suite, Apt. #, etc. STE. 2 | |  | |
| City & State City: State: | | City & State City: State: | | 4. FEI Number 59-2009897 | |
| Zip Zip: | | Country Country: | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC 5037 RINGWOOD MEADOW, B SARASOTA, FL 34235 | | | 7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 5041 Ringwood Meadow STE. 2 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, 2006 | | 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 TD NAME KINGSBURY, RAYMOND STREET ADDRESS 7169 FAIRWAY BEND CIR CITY - ST - ZIP SARASOTA, FL 34243 | <input checked="" type="checkbox"/> Delete | | TITLE TD NAME SCHLAIN, LEONARD STREET ADDRESS 7081 Fairway Bend Circle #125 CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE VD NAME MCCOWAN, THOMAS STREET ADDRESS 7111 FAIRWAY BEND LANE CITY - ST - ZIP SARASOTA, FL | <input checked="" type="checkbox"/> Delete | | TITLE DV NAME BAKER, GARY STREET ADDRESS 7145 Fairway Bend Cir CITY - ST - ZIP Sarasota, FL 34243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE PD NAME WARNER, GEORGE STREET ADDRESS 7089 FAIRWAY BEND LANE CITY - ST - ZIP SARASOTA, FL | <input checked="" type="checkbox"/> Delete | | TITLE PD NAME DIMITROFF, CHESTER STREET ADDRESS 7070 Fairway Bend Lane #269 CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME DIMITKOFF, CHESTER STREET ADDRESS 7070 FAIRWAY BEND LANE #269 CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Delete | | TITLE PD NAME DIMITROFF, CHESTER STREET ADDRESS 7070 Fairway Bend Lane #269 CITY - ST - ZIP SARASOTA, FL 34243 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME GUBAS, WILLIAM STREET ADDRESS 7119 FAIRWAY BEND LANE V169 CITY - ST - ZIP SARASOTA, FL 34243 | <input checked="" type="checkbox"/> Delete | | TITLE SD NAME MARQUIS, MICHELLE STREET ADDRESS 7107 Fairway Bend Lane CITY - ST - ZIP Sarasota FL 34243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME BENNETT, JOHN STREET ADDRESS 7090 FAIRWAY BEND LANE, #176 CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Delete | | TITLE D NAME BENNETT, JOHN STREET ADDRESS 7090 FAIRWAY BEND LANE, #176 CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Leonard Schlain</i> <i>William Gubas</i> <i>Leonard Schlain</i> <i>Michelle Marquis</i> <i>John Bennett</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: Daytime Phone #: | | | | | |