

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 006 ****61.25

DOCUMENT # 751454					
1. Entity Name PALM-AIRE AT SARASOTA CONDOMINIUM ASSOCIATION "D", INC.					
Principal Place of Business 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			Mailing Address 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2009897	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAMI MANAGEMENT INC 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			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 restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 SCHLIRN, LEONARD STREET ADDRESS 7081 FAIRWAY BEND CIRCLE, #125 CITY - ST - ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE DV NAME LOTTO, PAUL STREET ADDRESS 7151 FAIRWAY BEND LN V-177 CITY - ST - ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME BAKER, GARY STREET ADDRESS 7145 FAIRWAY BEND CIR CITY - ST - ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE PD NAME DIMITKOFF, 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 MARQUIS, MICHELLE STREET ADDRESS 7107 FAIRWAY BEND LANE 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	
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	
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>M. Marquis</i>			4/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		