2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #755165

FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90041 018 ****61.25

Principal Place of Business	THE SINGER ISLAND PALMS CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business Mailing Address 118C LINDA LANE PALM BEACH SHORES, FL 33404 PALM BEACH SHORES, FL 33		FL 334	04	4 O O O O		BISII BIBII SUBAI BISIU BISIA DIN	
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Apt. #, etc.		01182008 Chç	g-NP	CR2E037 (12/06)	
City & State	City & State	y & State		4. FEI Number 65-0754319	9	 	pplied For of Applicable
Zip Country	Zip	Cou	intry	5. Certificate of Star	- 00	□ \$8.75 Add Fee Require	
6. Name and Address of Current Regi	stered Agent			7. Name and Addr	ess of New Re	egistered Agent	
HANDEY BATBICIA		į	Name				
HANLEY, PATRICIA 118C LINDA LANE PALM BEACH SHORES, FL 33404			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e
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 LATURE M. SAUST.							
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE							
1		npaign Fi Contributi		\$5.00 May Be Added to Fees		ake check payable t da Department of S	
10. OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIRECTORS IN	J 10
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			ST-ZIP PAL	M BEACH SI	YORES,	FL 33404	
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12. Thereby certify that the information supplied with this litting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is rupplemental 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 attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISECTOR DISE