

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90047 038 ****61.25

DOCUMENT # 755272

1. Entity Name
PALM BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**235 SUNRISE AVE
PALM BEACH, FL 33480-3812**

Mailing Address
**235 SUNRISE AVE
PALM BEACH, FL 33480-3812**

40065487



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

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2071128

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIREKTOR, KENNETH S
BANK OF AMERICA CENTRE
625 N. FLAGLER DR 7TH FLOOR
WEST PALM BEACH, FL 33401**

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

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

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SPILBERG, RICHARD**
STREET ADDRESS **235 SUNRISE AVE #2029**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Delete
NAME **BAKER, NOEL**
STREET ADDRESS **5910 NE 21ST TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **S** ☐ Delete
NAME **PAGE, JAMES**
STREET ADDRESS **235 SUNRISE AVE #2009**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **T** ☐ Delete
NAME **BLANCHARD, DARLENE C**
STREET ADDRESS **235 SUNRISE AVE #1029**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **V** ☒ Delete
NAME **PETERSON, WHITNEY**
STREET ADDRESS **12100 TUMBLEWEED COURT**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **M** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MAURA McCUNE**
STREET ADDRESS **320 MANO PROMENADE**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **James Page**
STREET ADDRESS **235 Sunrise Ave #2009**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **James Page**
STREET ADDRESS **235 Sunrise Ave #2009**
CITY-ST-ZIP **Palm Beach, FL 33480**

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NAME **James Page**
STREET ADDRESS **235 Sunrise Ave #2009**
CITY-ST-ZIP **Palm Beach, FL 33480**

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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #