2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #757123

1. Entity Name

PALMETTO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

Martin Signature and Typed on Printed Hame of Signing Officer or Director

6401 CONGRESS AVE

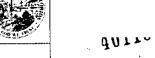
STE 140

BOCA RATON, FL 33487 US

6401 CONGRESS AVE

STE 140

BOCA RATON, FL 33487





FILED

May 29, 2007 8:00 am Secretary of State

05-29-2007 90044 012 ****61.25

05232007 No Chg-NP

CR2E037 (4/06)

4.	FEI Number 59-2117434		Applied For Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LIPPMAN, KAREN

6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

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 September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS								
NAME STREET ADDRESS CITY-ST-ZIP	PD WORDBEY, MARTIN 5220 LAS VERDES CIR #317 DELRAY BEACH, FL 33484									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.VD EDWARD LIEBERMAN 5220 LAS VERDES CIR #106 DELRAY BEACH, FL 33484		DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLO, LINDA 5220 LAS VERDES CIRCLE #308 DELRAY BEACH, FL 33484									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENWALD, JUDITH 5220 LAS VERDES CIR #111 DELRAY BEACH, FL 33484			IN	THIS SPACE					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D GREENWALD, BERNARD 6220 LAS VERDES CIR #111 DELRAY BEACH, FL 33484									
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
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.										