


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # 757123</b> 1. Entity Name <b>PALMETTO CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US</b>	Mailing Address <b>6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 US</b>
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**DO NOT WRITE IN THIS SPACE**

90110



05232007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2117434</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>LIPPMAN, KAREN 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487</b>
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**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 constituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENWALD, BERNARD 6220 LAS VERDES CIR #111 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Martin Wordbey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/24/07* *1-9999701*  
Date Daytime Phone #