2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # 757123					03-31-2008 90018 044 ****61.25				
Entity Name PALMETTO CONDOMINIUM ASSOCIATION, INC.									
Principal Place of Business 6401 CONGRESS AVE STE 140			Mailing Address 6401 CONGRESS AVE STE 140	1		4000	,,,,,		
BOCA RATON, FL 33487 US			BOCA RATON, FL 33487 US			A LOTTIL KKOTEL BIILL BODDE KRIER HIEDE HIK BEIDE DEKEN BEIDE DERS BERKE BERKE DE FORE			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 817 GEORGE BUSH BLVJ.						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03192008	Chg-NP	CR2E037 (12/06)	
City & State			DEIRAY BEACH, FI.			4. FEI Number 59-2117		}	pplied For ot Applicable
Zíp		Country	33483	Country A		5. Certificate o	f Status Desired	□ \$8.75 Ac Fee Requir	Iditional
	6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New	Registered Agent	
LIPPMAN,	KAREN			Name	D4	VID.	PUG	H	• .
6401 CON STE 140	VE	Street Address (P.O. Box Number is Not Acceptable)							
BOÇA RAT	TON, FL	33487							
			1	City	er	y Be	ach	FL Zip Co	412
	named entit ions of regis		r the purpose of changing its re	egistered office o	r registere	id agent, or both	, in the State of F	florida. I am familiar with	, and accept
		,/	b. 0/1/	(3/24/2	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required v	when reinstating)		DATE	
	_	e is \$61.25	9. Election Camp			\$5.00 May Be		Make check payable	to
	Due by N	flay 1, 2008	Trust Fund Co	ontribution.		Added to Fees	' 1	orida Department of S	
10.	Due by h	May 1, 2008 OFFICERS AND DIF		ntribution.	<u></u> .	Added to Fees	Flo		itate
TITLE	PD	OFFICERS AND DIF		11.	<u></u> .	Added to Fees	Flo	orlda Department of S	itate
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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: Mathematical Manual Signing Officer or DIRECT

3-20-08 561-272-2617