

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90054 030 \*\*\*\*61.25

**60011501**



01202006 Chg-NP CR2E037 (11/05)

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # 758455</b><br>1. Entity Name<br><b>PALM MANOR CONDOMINIUM ASSOCIATION, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>1531 PLACIDA ROAD</b><br><b>ENGLEWOOD, FL 34224 US</b>   |   |   | Mailing Address<br><b>P.O. BOX 297</b><br><b>ENGLEWOOD, FL 34295-0297</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   |  |  |
| Zip  | Country   | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent  |  |
| INTERVAL, ROBERTA<br>3195 S. MCCALL RD.<br>ENGLEWOOD, FL 34224   |   |   |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>DEZIEL, SYLVIE<br>1531 PLACIDA RD.<br>ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>ASHLEY, LARRY<br>1531 PLACIDA ROAD<br>ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | VPD<br>VIEB DONNA<br>1531 Placida Rd<br>Englewood FL, 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>RUFF, BLANCHE<br>1531 PLACIDA ROAD<br>ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>KIZER, ART<br>1531 PLACIDA RD<br>ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete                  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GAUDREAU, MIKE<br>1531 PLACIDA RD<br>ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: _____   |   |   | 130-06  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date Daytime Phone #  |  |  |