

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 022 ****61.25

DOCUMENT # 759667

1. Entity Name

THE PALMS-WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2325 W. PENSACOLA STREET
TALLAHASSEE FL 32304

Mailing Address

2325 W. PENSACOLA STREET
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2295176

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

WOLFE, LARRY S
200-A JOHN KNOX RD
TALLAHASSEE FL 32303

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]

Signature of registered or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DELMONICO, BARBARA	
STREET ADDRESS	12012 N. FOX DEN DRIVE	
CITY-ST-ZIP	KNOXVILLE TN 37922	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BATEMAN, NILS	
STREET ADDRESS	2981 INDIAN SPRINGS LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAMAL, MCHAMMAD M	
STREET ADDRESS	2325 W. PENSACOLA ST. #226	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mohammed Kamal	
STREET ADDRESS	2325 W. Pensacola St. #226	
CITY-ST-ZIP	Tallahassee FL 32304	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy Nash	
STREET ADDRESS	3498 Loma Farm Rd.	
CITY-ST-ZIP	Tallahassee FL 32309	

TITLE	Tres/Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Harrison	
STREET ADDRESS	105 Greenway Dr.	
CITY-ST-ZIP	Havana FL 32333	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohammed Kamal Pres. 3/11/05

Date Daytime Phone #