

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90036 031 ****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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: P ☒ Delete
NAME: KAMAL, MOHAMMED
STREET ADDRESS: 2325 W PENSACOLA ST #226
CITY, ST, ZIP: TALLAHASSEE FL 32304

TITLE: VP ☒ Delete
NAME: NASH, ROY
STREET ADDRESS: 3498 LOMA FARM RD
CITY, ST, ZIP: TALLAHASSEE FL 32309

TITLE: TS ☒ Delete
NAME: HARRISON, CAROLYN
STREET ADDRESS: 105 GREENWAY DR
CITY, ST, ZIP: HAVANA FL 32333

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Pres. ☒ Change ☐ Addition
NAME: James Dolson
STREET ADDRESS: 732 E. 7th Ave.
CITY, ST, ZIP: Tallahassee FL 32304

TITLE: VP. ☒ Change ☐ Addition
NAME: Holly Stone
STREET ADDRESS: 2325 W. Pensacola st #213
CITY, ST, ZIP: Tallahassee FL 32304

TITLE: Sec/Trs. ☒ Change ☐ Addition
NAME: Kimberly Amos-Tata
STREET ADDRESS: 933 Chestwood Ave.
CITY, ST, ZIP: Tallahassee FL 32303

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2007 8:50-576-6814

Date

Daytime Phone #