

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 006 \*\*\*\*61.25

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01062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 763107</b> 1. Entity Name PALM BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5041 NORTH BEACH ROAD #1-A ENGLEWOOD, FL 34223 US			Mailing Address 1517 ROOSEVELT DR. VENICE, FL 34293 US		
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 59-2193000				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CLARKO, FRANK L 1572 ROOSEVELT RD VENICE, FL 34293			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP DAMON, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14451 ACORN COVE TRAIL		NAME		
STREET ADDRESS	BATTLE CREEK, MI 48017		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS DAMON, JANET <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14451 ACORN COVE TRAIL		NAME		
STREET ADDRESS	BATTLE CREEK, MI 490179245		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT CLARKO, FRANK L <input checked="" type="checkbox"/> Delete		TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	14451 ACORN COVE TRAIL		NAME	FRANK L. CLARKO	
STREET ADDRESS	BATTLE CREEK, MI 490179245		STREET ADDRESS	1517 ROOSEVELT DR	
CITY-ST-ZIP			CITY-ST-ZIP	VENICE, FL 34293	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Frank L. Clarko (FRANK L. CLARKO)</u> <span style="float: right;">1/6/05 941 452 4066</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					