


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 763107 1. Entity Name PALM BAY CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 5041 NORTH BEACH ROAD #1-A ENGLEWOOD, FL 34223 US		Mailing Address 8389 CREEKVIEW LN ENGLEWOOD, FL 34224 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CLARKO, FRANK L 8389 CREEKVIEW LN ENGLEWOOD, FL 34224		DO NOT WRITE IN THIS SPACE
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) DATE</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAMON, ROBERT 14451 ACORN COVE TRAIL BATTLE CREEK, MI 49017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAMON, JANET 14451 ACORN COVE TRAIL BATTLE CREEK, MI 490179245	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARKO, FRANK L 8389 CREEKVIEW LN ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 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: <u>FRANK L. CLARKO</u> FRANK L. CLARKO <u>7/09/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>		



07082007 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-2193000** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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07/12/07-80004-006 61.25

**DO NOT WRITE
IN THIS SPACE**