

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 763546

1. Entity Name
406 PALMETTO CONDOMINIUM, INC.



Principal Place of Business
**408 PALMETTO ST.
NEW SMYRNA BCH, FL 32168 US**

Mailing Address
**408 PALMETTO ST.
NEW SMYRNA BCH, FL 32168 US**



03102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2880428	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

**ROSS, WILLIAM L., JR
221 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000472558
03/29/06-80041-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FABER, AVROHM W 448 QUAY ASSISI NEW SMYRNA BEACH, FL 32169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, RUSSELL E 406 A PALMETTO ST NEW SMYRNA BEACH, FL 32168
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSH, RUSSELL L 225 NO CAUSEWAY NEW SMYRNA BEACH, FL 32169
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06
Date

386-427-6791
Daytime Phone #