


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90329 014 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 406 B PALMETTO ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. New Smyrna Beach, FL | | | |
| City & State | | City & State New Smyrna Beach, FL | | | |
| Zip | Country | Zip 32168 | Country | 4. FEI Number 59-2880428 | |
| 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD FABER, AVROHM W 448 QUAY ASSISI NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PERRY, RUSSELL E 406 A PALMETTO ST NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELSH, RUSSELL L 225 NO CAUSEWAY NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 <i>Avrohm W. Faber</i> AVROHM W. FABER 4/13/07 386-429-6791 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |