

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001935

FILED
Apr 11, 2009
Secretary of State

Entity Name: PALMAS DE MAJORCA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

301 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

301 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

New Mailing Address:

1980 N ATLANTIC AVE #701
COCOA BEACH, FL 32931

FEI Number: 59-3493921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, PETEY
1980 N. ATLANTIC AVE.
STE 701
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HESS, DORIS
Address: 301 N. ATLANTIC AVE. STE 802
City-St-Zip: COCOA BEACH, FL 32931

Title: V () Delete
Name: CHAPMAN, ALAN
Address: 301 N. ATLANTIC AVE, STE. 604
City-St-Zip: COCOA BEACH, FL 32931

Title: ST () Delete
Name: SIEGAL, VIVIAN
Address: 301 N ATLANTA AVE 704
City-St-Zip: COCA BEACH, FL 32731

Title: D () Delete
Name: PATSKY, RAY
Address: 301 N. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: STRANCAK, FRANK
Address: 301 N. ATLANTIC AVE #201
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SIEGAL, VIVIAN
Address: 301 N ATLANTIC AVE #704
City-St-Zip: COCA BEACH, FL 32731

Title: D (X) Change () Addition
Name: STRANCAK, FRANK
Address: 301 N. ATLANTIC AVE. #201
City-St-Zip: COCOA BEACH, FL 32931

Title: D (X) Change () Addition
Name: MCCORMICK, PAUL
Address: 301 N. ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS HESS

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date