

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002731

FILED  
Mar 16, 2005  
Secretary of State

**Entity Name:** PALMER STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

548 SOUTH HYER AVE  
ORLANDO, FL 32806 07

**New Principal Place of Business:**

548 SOUTH HYER AVE  
ORLANDO, FL 32801 07

**Current Mailing Address:**

548 SOUTH HYER AVE  
ORLANDO, FL 32806 07

**New Mailing Address:**

548 SOUTH HYER AVE  
ORLANDO, FL 32801 07

**FEI Number:** 59-3716396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINE, MARK  
548 SOUTH HYER AVE  
ORLANDO, FL 32806 07

**Name and Address of New Registered Agent:**

LINE, MARK  
548 SOUTH HYER AVE  
ORLANDO, FL 32801 US

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: MARK LINE

03/16/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOYLE, JUDY  
Address: 546 SOUTH HYER AVE  
City-St-Zip: ORLANDO, FL 32806 07

Title: VD ( ) Delete  
Name: SHAW, ROBERT  
Address: 546 SOUTH HYER AVE  
City-St-Zip: ORLANDO, FL 32806 07

Title: TD ( ) Delete  
Name: LINE, MARK  
Address: 548 SOUTH HYER AVE  
City-St-Zip: ORLANDO, FL 32806 07

Title: S ( ) Delete  
Name: LINE, JANET  
Address: 548 SOUTH HYER AVE  
City-St-Zip: ORLANDO, FL 32806 07

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK LINE

S

03/16/2005

Electronic Signature of Signing Officer or Director

Date