


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000002731 1. Entity Name PALMER STREET CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 548 SOUTH HYER AVE ORLANDO, FL 32801	Mailing Address 548 SOUTH HYER AVE ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3716396	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 LINE, MARK 548 SOUTH HYER AVE ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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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 \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYLE, JUDY 546 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, ROBERT 546 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINE, MARK 548 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINE, JANET 548 SOUTH HYER AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/08-80008-002 61.25

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 line empowered.

SIGNATURE: Mark Line Mark Line 3-2-08 407-893-9823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #