## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005860

Address:

City-St-Zip:

FILED Apr 06, 2009 Secretary of State

Entity Name: PALMER SQUARE EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4370 S. TAMIAMI TRAIL 3900 SQUARE EAST SARASOTA, FL 34238 SUITE 102 SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** 4370 S. TAMIAMI TRAIL SUITE 102 SARASOTA, FL 34231 FEI Number: 65-1078044 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASEY CONDOMINIUM MANAGEMENT 4370 S. TAMIAMI TRAIL SUITE 102 SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition CAROTENUTO, JOSEPH Name: WALKER, BERTA Name: 3975 SQUARE EAST LANE Address: 5261 LANDINGS BLVD Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34231 Title: PD () Delete Title: () Change () Addition WALKER, ROBERT Name: Name: Address: 3981 SQUARE EAST LANE Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: SDTD () Delete Title: (X) Change ( ) Addition RICHARDSON, MARGARET RICHARDSON, MARGARET Name: Name: 3955 SQUARE EAST LANE 3955 SQUARE EAST LANE Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238 ( ) Delete Title: Title: TD ( ) Change (X) Addition Name: Name: RICHARDSON, MARGARET

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.

Address:

City-St-Zip:

3955 SQUARE EAST LN.

SARASOTA, FL 34238

SIGNATURE: ROBERT WALKER PD 04/06/2009