
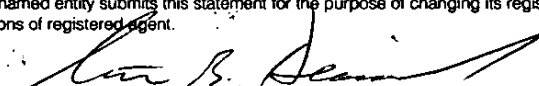
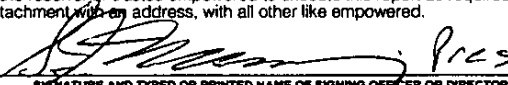


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90193 040 \*\*\*\*61.25

<b>DOCUMENT # N00000006263</b>					
<b>1. Entity Name</b> PALMER SQUARE WEST NO. 2 CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6565 SUPERIOR AVE. SARASOTA, FL 34231			<b>Mailing Address</b> 3412 CLARK ROAD, PMB #236 SARASOTA, FL 34231-8406		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
		4. FEI Number		Applied For	
		65-1078041		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BARLOW GROUP, INC 6565 SUPERIOR AVE. SARASOTA, FL 34231			Name CASEY CONDOMINIUM MGMT Street Address (P.O. Box Number is Not Acceptable) 4370 SO TAMIAMI TRAIL. #102 City SARASOTA FL Zip Code 34231		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/06					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, MICHAEL		NAME	MANNING, STEPHEN	
STREET ADDRESS	3412 CLARK RD, # 236		STREET ADDRESS	3651 SQUARE WEST LANE	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEALY, THOMAS G		NAME	SALGADO, ANDREW	
STREET ADDRESS	3412 CLARK RD, PMB # 236		STREET ADDRESS	3665 SQUARE WEST LANE	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIST, JONE B		NAME		
STREET ADDRESS	3412 CLARK RD #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES		NAME		
STREET ADDRESS	3412 CLARK RD, # 236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Pres. 4/28/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					