

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90193 039 ****61.25

DOCUMENT # N00000007691 1. Entity Name PALMER SQUARE WEST NO. 3 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6565 SUPERIOR AVENUE SARASOTA, FL 34231		Mailing Address 3412 CLARK ROAD, #236 SARASOTA, FL 34231	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4370 S. TAMIAMI TRAIL 102	
City & State Zip		City & State SARASOTA, FL 34231 Zip	
Country		Country	
4. FEI Number 65-1078038		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE BARLOW GROUP, INC. 6565 SUPERIOR AVENUE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name CASEY CONDOMINIUM MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 4370 S. 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WORKAMAN, STEPHEN W 3412 CLARK ROAD #236 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SINGER, ALBERT 3412 CLARK RD #236 SARASOTA, FL 34231	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARTINA, NORMA J 3412 CLARK ROAD #236 SARASOTA, FL 34231	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WEIST, JONE B 3412 CLARK RD #236 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSBORNE, BAIL 3609 SQUARE WEST CANE SARASOTA, FL 34238	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3617 SQUARE WEST CANE SARASOTA, FL 34238	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3619 SQUARE WEST CANE SARASOTA, FL 34238	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/28/06	
Daytime Phone #			