

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90001 005 ****61.25

DOCUMENT # N00457

1. Entity Name
FIVE PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**673 BAY ESPLANADE
CLEARWATER BEACH, FL 33767**

Mailing Address
**673 BAY ESPLANADE
CLEARWATER BEACH, FL 33767**



07102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0864606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TANKEL, ROBERT C
1022 MAIN STREET SUITE D
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYES, JAMES
STREET ADDRESS 673 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE SD
NAME KEYES, SUZANNE
STREET ADDRESS 673 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE TD
NAME YOUNG, SEAN
STREET ADDRESS 673 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE D
NAME WINCHESTER, GARY
STREET ADDRESS 673 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE D
NAME ~~YOUNG, SEAN~~ VALERIE VASIL
STREET ADDRESS 673 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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. I am attaching with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08

Date

8136356226

Daytime Phone #