2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N00457

Entity Name: FIVE PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

673 BAY ESPLANADE
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

673 BAY ESPLANADE
CLEARWATER BEACH, FL 33767

New Mailing Address:

FEI Number: 65-0864606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	BOYES, JAMES	
Address:	673 BAY ESPLANADE	
City-St-Zip:	CLEARWATER BEACH, FL 33767	
Title:	SD	( ) Delete
Name:	KEYES, SUZANNE	
Address:	673 BAY ESPLANADE	
City-St-Zip:	CLEARWATER BEACH, FL 33767	
Title:	TD	( ) Delete
Name:	YOUNG, SEAN	
Address:	673 BAY ESPLANADE	
City-St-Zip:	CLEARWATER BEACH, FL 33767	
Title:	D	(X) Delete
Name:	WINCHESTER, GARY	
Address:	673 BAY ESPLANADE	
City-St-Zip:	CLEARWATER BEACH, FL 33767	
Title:	D	( ) Delete
Name:	VASIL, VALERIE	
Address:	673 BAY ESPLANADE	
City-St-Zip:	CLEARWATER BEACH, FL 33767	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: JAMES BOYES PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date