

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 26 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003437

1. Entity Name  
PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
13800 STATE RD. 535  
ORLANDO, FL 32821

Mailing Address  
13800 STATE RD. 535  
ORLANDO, FL 32821



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3716885

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Fee  
Added to Fees

\$00029963415  
03/05/04--01067--005 \*\*70.00

## 10. OFFICERS AND DIRECTORS

|                |                           |
|----------------|---------------------------|
| TITLE          | D - President & Treasurer |
| NAME           | THOMAS, THORP S           |
| STREET ADDRESS | 13800 STATE RD. 535       |
| CITY-ST-ZIP    | ORLANDO, FL 32821         |
| TITLE          | D - Vice President        |
| NAME           | POPE, JOEL                |
| STREET ADDRESS | 13800 STATE RD. 535       |
| CITY-ST-ZIP    | ORLANDO, FL 32821         |
| TITLE          | D - Secretary             |
| NAME           | CLINTON, GLEN             |
| STREET ADDRESS | 13800 STATE RD. 535       |
| CITY-ST-ZIP    | ORLANDO, FL 32821         |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thorp Thomas, President

2/13/04 407.239.3019

Date

Daytime Phone #