

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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																																																																																																	
2. Principal Place of Business		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country	4. FEI Number 59-3716885																																																																																																	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																	
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. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2005		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																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DPT THOMAS, THORP S</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>13800 STATE RD. 535</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 32821</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV POPE, JOEL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>13800 STATE RD. 535</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 32821</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS CLINTON, GLEN</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>13800 STATE RD. 535</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 32821</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DPT THOMAS, THORP S	<input type="checkbox"/> Delete	NAME	13800 STATE RD. 535		STREET ADDRESS	ORLANDO, FL 32821		CITY-ST-ZIP			TITLE	DV POPE, JOEL	<input type="checkbox"/> Delete	NAME	13800 STATE RD. 535		STREET ADDRESS	ORLANDO, FL 32821		CITY-ST-ZIP			TITLE	DS CLINTON, GLEN	<input type="checkbox"/> Delete	NAME	13800 STATE RD. 535		STREET ADDRESS	ORLANDO, FL 32821		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DPT THOMAS, THORP S	<input type="checkbox"/> Delete																																																																																																			
NAME	13800 STATE RD. 535																																																																																																				
STREET ADDRESS	ORLANDO, FL 32821																																																																																																				
CITY-ST-ZIP																																																																																																					
TITLE	DV POPE, JOEL	<input type="checkbox"/> Delete																																																																																																			
NAME	13800 STATE RD. 535																																																																																																				
STREET ADDRESS	ORLANDO, FL 32821																																																																																																				
CITY-ST-ZIP																																																																																																					
TITLE	DS CLINTON, GLEN	<input type="checkbox"/> Delete																																																																																																			
NAME	13800 STATE RD. 535																																																																																																				
STREET ADDRESS	ORLANDO, FL 32821																																																																																																				
CITY-ST-ZIP																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																			
NAME																																																																																																					
STREET ADDRESS																																																																																																					
CITY-ST-ZIP																																																																																																					
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: _____ 2-10-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					