

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006761

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** PALM BREEZE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

841 SW 47TH TERR  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

841 SW 47TH TERR  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 04-3656449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKERSON, JODIE  
841 SW 47TH TERR #204  
CAPE CORAL, FL 33914 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: SCHER, SY  
Address: PO BOX 100374  
City-St-Zip: CAPE CORAL, FL 33910

Title: VTD ( ) Delete  
Name: WILKERSON, JODIE  
Address: 841 SW 47TH TER # 204  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete  
Name: POTTER, JOHN  
Address: 9819 ENSIGN CT  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REICHERT, ALEX  
Address: 841 SW 47TH TERRACE, # 202  
City-St-Zip: CAPE CORAL, FL 33914

Title: VTD (X) Change ( ) Addition  
Name: SCHER, SY  
Address: PO BOX 463  
City-St-Zip: MORGANTON, GA 30560

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: JODIE WILKERSON

PM

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date