

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006761

FILED  
Feb 16, 2010  
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:**

841 SW 47TH TERR  
# 204  
CAPE CORAL, FL 33914

**Current Mailing Address:**

841 SW 47TH TERR  
CAPE CORAL, FL 33914

**New Mailing Address:**

841 SW 47TH TERR  
# 204  
CAPE CORAL, FL 33914

**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:**

WILKERSON, JODIE  
841 SW 47TH TERR # 204  
CAPE CORAL, FL 33914 US

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: \_\_\_\_\_

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: O'CONNER, TIM  
Address: 841 SW 47TH TERRACE, # 203  
City-St-Zip: CAPE CORAL, FL 33914

Title: VTD  
Name: STAFFORD, CHRIS  
Address: 8530 BRYN MAWR AVENUE  
City-St-Zip: PENNSAUKEN, NJ 08109

Title: SD  
Name: SCHOONOVER, ROBERT  
Address: 14833 50TH STREET SOUTH  
City-St-Zip: AFTON, MN 55001

I hereby 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 all other like empowered.

SIGNATURE: JODIE WILKERSON

PM

02/16/2010

Electronic Signature of Signing Officer or Director

Date