2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N02000001488 Jan 25, 2007 08:00 AN 1. Entity Name **Secretary of State** PINE & PALM CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 6620 MALONY AVENUE 6620 MALONY AVENUE KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite. Apt. #, etc Suito, Apt #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 01-0645915 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo ROSWELL, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 6620 MALONY AVENUE LOT #14 KEY WEST FL 33040 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 (NOTE Registered Agent signature required when romstating) DATE Signature, typed or primed name of registered again and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution, Added to Fees Due By May 1, 2007 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. THE Change ☐ Addition HHE ☐ Delete NAME NAM ROSWELL, CHARLES A U000000604423 SHELLADDRESS STREET ADDRESS 6620 MALONY AVENUE #14 01/29/07-80053-015 61.25 CHY-M ZP 1337 ST 71P KEY WEST FL 33040 Delete Change ☐ Addition HILL MILE NAME NAM VENTIMIGLIA, RICHARD SHILL ADDRESS STREET ADDRESS 6620 MALONY AVENUE #14 DITY-ST 7P CAY ST AP KEY WEST FL 33040 Change ☐ Addition ☐ Doiele HHI HILE NAME NAME DELPH, MICHAEL STREET ADDRESS aidi (ailw 35 6800 MALONY AVENUE CHIY-SI-ZW CHY ST /IP KEY WEST FL 33040 ☐ Change Addition ☐ Delete 1011 TillI NAMI STRILL LADDRESS STREET ADDRESS CHY-SI-ZIP 1311Y St 78 Addition | ☐ Change ☐ Delete HILL MILE NAM NAM STREET ADORESS STREET ADDRESS CHY-SI IIP CITY ST AP Change ☐ Addition ☐ Delete Im NAME NAME STRLET ADDRESS STREET ADDRESS. CHY-S1-2IP CHY-SI-/IP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal 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 DATE OF DAT