

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90015 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                     |                                                                       |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02000002312</b><br>1. Entity Name<br><b>PALM GARDENS OF SARASOTA CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                     |                                                                       |                                                                                        |  |
| Principal Place of Business<br><b>445 S PALM AVE<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                     | Mailing Address<br><b>381 INTERSTATE BLVD.<br/>SARASOTA, FL 34240</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                     | City & State                                                          |                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                         | Zip                                                                                 | Country                                                               | 4. FEI Number<br><b>90-0161315</b>                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                     |                                                                       | Applied For<br>Not Applicable                                                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSON, ROBERT M<br/>27 S ORANGE AVE<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                     |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                     |                                                                       |                                                                                                                                                                         |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                  |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                     |                                                                       |                                                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                     |                                                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                            |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DV                              | <input type="checkbox"/> Delete                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DIBEAUMONT, OSCAR R             |                                                                                     | NAME                                                                  |                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 445 S PALM AVE                  |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SARASOTA, FL 34236              |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DST                             | <input type="checkbox"/> Delete                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORTIZ, THERESA                  |                                                                                     | NAME                                                                  |                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 445 S PALM AVE                  |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SARASOTA, FL 34236              |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                              | <input type="checkbox"/> Delete                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TURNER, HEIDI                   |                                                                                     | NAME                                                                  |                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 445 S PALM AVE                  |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SARASOTA, FL 34236              |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     | NAME                                                                  |                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     | NAME                                                                  |                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete |                                                                                     | TITLE                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     | NAME                                                                  |                                                                                                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                     | STREET ADDRESS                                                        |                                                                                                                                                                         |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                     | CITY-ST-ZIP                                                           |                                                                                                                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                 |                                                                                     |                                                                       |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <u><i>Shirley Miles, CAM</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                     |                                                                       |                                                                                                                                                                         |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                     |                                                                       | Daytime Phone #                                                                                                                                                         |  |