2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90437 028 ****61.25

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1. Entity Name
PALM GARDENS OF SARASOTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
445 S PALM AVE SARASOTA, FL 34236	381 INTERSTATE BLVD. SARASOTA, FL 34240

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02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
90-0161315
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~JOHNSON~~, ROBERT M
27 S ~~ORANGE~~ AVE
SARASOTA, ~~FL~~ 34236

Heidi Webber c/o SunVast
381 Interstate Blvd.
Sarasota FL 34240

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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: Heidi Webber CAM 4/25/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	DIBEAUMONT, OSCAR R
STREET ADDRESS	445 S PALM AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DST
NAME	ORTIZ, THERESA
STREET ADDRESS	445 S PALM AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	PD
NAME	TURNER, HEIDI
STREET ADDRESS	445 S PALM AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Heidi Webber CAM Heidi Turner Pres. 4/25/07 3780260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #