2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N02000002312

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

Current Principal Place of Business:

445 S PALM AVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

381 INTERSTATE BLVD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 90-0161315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBBER, HEIDI
C/O SUN VAST
381 INTERSTATE BLVD.
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 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: SUNVAST MANAGEMENT 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: DIBEAUMONT, OSCAR R
Address: 445 S PALM AVE
City-St-Zip: SARASOTA, FL 34236

Title: DST ( ) Delete
Name: ORTIZ, THERESA
Address: 445 S PALM AVE
City-St-Zip: SARASOTA, FL 34236

Title: PD (X) Delete
Name: TURNER, HEIDI
Address: 445 S PALM AVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOYCE, ORTIZ
Address: P.O. BOX 2813
City-St-Zip: SOUTH PORTLAND, ME 04116

Title: T (X) Change ( ) Addition
Name: TURNER, HEIDI
Address: 535 PUTTER LANE
City-St-Zip: LONGBOAT KEY, FL 34228

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: JOYCE ORTIZ P 04/14/2009
Electronic Signature of Signing Officer or Director Date