


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000004193

1. Entity Name  
 PALMETTO PLACE AT MIZNER PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 99 S.E. MIZNER BLVD #100 BOCA RATON, FL 33432	Mailing Address 99 S.E. MIZNER BLVD #100 BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0711738	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM E  
 99 S.E. MIZNER BLVD  
 BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000087830  
 03/15/04-80026-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, WILLIAM 99 SE MIZNER BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EGAN, JAMES D 1251 AVENUE OF THE AMERICAS 9TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SPOSITO, GREGORY D 1251 AVENUE OF THE AMERICAS 9TH FLOOR NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEISENRING, RONALD H 99 SE MIZNER BLVD #415 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William E. Morris, Manager 2-17-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #