
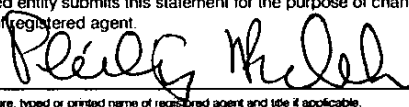
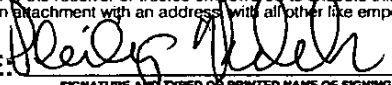


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000006409 1. Entity Name 4560 PALMETTO CONDOMINIUM ASSOCIATION, INC.			FILED 2008 OCT 28 PM 3:43 10-28 30 10222008 REIN-111 CR2E000 (4/07)
Principal Place of Business 4572 PALMETTO AVE WINTER PARK, FL 32792		Mailing Address 936 W. HERON CIRCLE WINTER HAVEN, FL 33884 US	
2. Principal Place of Business - No P.O. Box # 4560 PALMETTO AVE		3. Mailing Address 435 RUBY LAKE PLACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WINTER PARK		City & State WINTER HAVEN, FL	
Zip 32792		Zip 33884	
Country US		Country US	
4. FEI Number 61-1427721		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROMBACH, PHIL 936 W. HERON CIRCLE WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name KROMBACH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 435 RUBY LAKE PLACE City WINTER HAVEN FL Zip Code 33884	
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  PHILIP KROMBACH 10/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROMBACH, PHILIP <input type="checkbox"/> Delete 936 W. HERON CIRCLE WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROMBACH, PHILIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 RUBY LAKE PLACE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VINAS, CATHY <input type="checkbox"/> Delete 4572 PALMETTO AVE. WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137352614 10/20/08--01015--005 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINAS, ISREAL <input type="checkbox"/> Delete 4572 PALMETTO AVE. WINTER PARK, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROMBACH, MARILYN <input type="checkbox"/> Delete 936 W. HERON CIRCLE WINTER HAVEN, FL 33884	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 RUBY LAKE PLACE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PHILIP KROMBACH 10/20/08 863-318-9243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		PRESIDENT	