


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90032 022 ****70.00

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1. Entity Name
PALERMO AT THE COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4875 PELICAN COLONY BLVD. #101 BONITA SPRINGS, FL 34134

Mailing Address
4875 PELICAN COLONY BLVD. #101 BONITA SPRINGS, FL 34134

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

01292008 Chg-NP CR2E037 (12/06)

4. FEI Number
69-0961955 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

EASTMAN, JAMES
4875 PELICAN COLONY BLVD., #101
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V/S	<input type="checkbox"/> Delete
NAME	EASTMAN, JIM	
STREET ADDRESS	4875 PELICAN COLONY BLVD., #702	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIMMERMAN, GLENN	
STREET ADDRESS	4875 PELICAN COLONY BLVD., #604	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GRIESSER, GERRY	
STREET ADDRESS	4875 PELICAN COLONY BLVD., #401	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, ROBERT M	
STREET ADDRESS	4875 PELICAN COLONY BLVD.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	T	<input type="checkbox"/> Delete
NAME	POLLARD, DORIANNE	
STREET ADDRESS	4875 PELICAN COLONY BLVD. #404	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Tom Gracey</i>	
STREET ADDRESS	<i>4875 Pelican Colony Blvd, #104</i>	
CITY-ST-ZIP	<i>Bonita Springs, Fl. 34134</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Donald Phillips **2-4-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #