

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009690	
1. Entity Name PALAFIX PLACE OFFICE CONDOMINIUMS OWNERS ASSOCIATION, INC.	
Principal Place of Business 127 PALAFIX PL STE 100 PENSACOLA, FL 32502	Mailing Address 127 PALAFIX PL STE 200 PENSACOLA, FL 32502



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0542679	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 LINNE, WILLIAM V 127 PALAFIX PL STE 100 PENSACOLA, FL 32502	DO NOT WRITE IN THIS SPACE
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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: _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LINNE, WILLIAM V 127 PALAFIX PLACE STE 100 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LINNE, SHIRLEY F 127 PALAFIX PLACE STE 100 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ENDRY, JOSEPH M 127 PALAFIX PLACE STE 100 PENSACOLA, FL 32502
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01/29/08-80079-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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