## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 24, 2006 08:00 AM Secretary of State DOCUMENT # N03000007162 1. Entity Name 4572 PALMETTO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4572 PALMETTO AVENUE WINTER PARK FL 32792 4572 PALMETTO AVENUE WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 52-2401977 Not Applicat: \$8.75 Additional Zip Country Zφ Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name VINAS, ISRAEL 4572 PALMETTO AVENUE WINTER PARK FL 32792 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signatura required when reinstalling) DATE AND STATE OF THE PARTY OF THE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change PΩ ☐ Delete TITLE WILE VINAS, ISRAEL NAME MAME UHIDDO0445076 4572 PALMETTO AVENUE STREET ADDRESS 03/07/06-80029-009 61.25 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Change ☐ Add: ٧n TITLE TITLE ☐ Delete DEVLIN, JOE NAME NAME 3328 RAIDERS RUN STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-\$1-2P CBY-ST-7/P Defete ☐ Change Ar. TITLE THEUNE, DANIEL J NAME NAME 4572 PALMETTO AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 GITY-ST-ZIP C) TY-S7-21P ☐ Delete ☐ Change ☐ A6€ TITLE NAME NAME STREE! AUDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Change ☐ Belete 初九五 TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZOP CITY-ST-ZIP

12. I hereby certify that the information supplied with this light does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

**FILED**