

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010573

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** THE PALMS AT MINORCA OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 NORTH PENINSULA AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

262 MINORCA BEACH WAY  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

2600 NORTH PENINSULA AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

262 MINORCA BEACH WAY  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 73-1697219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

J. MICHAEL CHEEZEM  
2201 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

KARLA BAUMANN  
116 CANAL STREET  
SUITE A  
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: KARLA BAUMANN

04/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURI, ROY  
Address: 263 MINORCA BEACH WAY, # 706  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD ( ) Delete  
Name: LINTZ, SUSAN  
Address: 265 MINORCA BEACH WAY #805  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: BURI, ROY  
Address: 263 MINORCA BEACH WAY, # 706  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP/D (X) Change ( ) Addition  
Name: LINTZ, SUSAN  
Address: 265 MINORCA BEACH WAY #805  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T/D ( ) Change (X) Addition  
Name: PTASHNIK, WILLIAM  
Address: 265 MINORCA BEACH WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY BURI

P/D

04/28/2007

Electronic Signature of Signing Officer or Director

Date