

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003872

FILED
Oct 19, 2005
Secretary of State

Entity Name: THE PALMER BUILDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6050 PALMER BLVD.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

6050 PALMER BLVD.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-1224536 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRITSCH, ANDREW K ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

NORTON, SAM D ESQ.
1819 MAIN STREET, SUITE 610
SARASOTA, FL 34236 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: SAM D. NORTON

10/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KLEIBER, JON
Address: 6050 PALMER BLVD.
City-St-Zip: SARASOTA, FL 34232

Title: DS () Delete
Name: ALDER, JOHN
Address: 6050 PALMER BLVD.
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: KLEIBER, IRIS
Address: 6050 PALMER BLVD.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: BROWNING, PAULETTE
Address: 6050 PALMER BLVD., #2
City-St-Zip: SARASOTA, FL 34232

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JON KLEIBER

DPT

10/19/2005

Electronic Signature of Signing Officer or Director

Date