


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003872		
1. Entity Name THE PALMER BUILDING CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6050 PALMER BLVD. SARASOTA, FL 34232	Mailing Address 6050 PALMER BLVD. SARASOTA, FL 34232	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NORTON, SAM D ESQ. 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT KLEIBER, JON 6050 PALMER BLVD. SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BROWNING, PAULETTE 6050 PALMER BLVD., #2 SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEIBER, IRIS 6050 PALMER BLVD. SARASOTA, FL 34232	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u><i>Paulette Browning</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-11-07 941 923 7001 <small>Date Daytime Phone #</small>



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1224536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/16/07-80059-010 61.25

**DO NOT WRITE
IN THIS SPACE**