

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006392

FILED  
May 21, 2009  
Secretary of State

**Entity Name:** 3014 PALMIRA OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3014 PALMIRA SUITE 300  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3014 PALMIRA SUITE 300  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 90-0221951      **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:**

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

WARD, R. CARLTON  
1253 PARK STREET  
CLEARWATER, FL 33756      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ROBINSON, WILLIAM R JR  
Address: 3014 PALMIRA SUITE 300  
City-St-Zip: TAMPA, FL 33629

Title: VD      ( ) Delete  
Name: MEADOWCROFT, DARBY  
Address: 3014 PALMIRA SUITE 200  
City-St-Zip: TAMPA, FL 33629

Title: SD      ( ) Delete  
Name: OLDER, BENJAMIN  
Address: 3014 PALMIRA SUITE 301  
City-St-Zip: TAMPA, FL 33629

Title: TD      ( ) Delete  
Name: BENNETT, KATHERINE  
Address: 3014 PALMIRA SUITE 202  
City-St-Zip: TAMPA, FL 33629

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

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

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

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

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

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: WILLIAM ROBINSON

DP

05/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date