
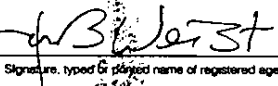
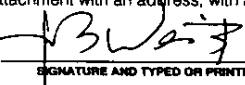


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 019 ****61.25

| | | | |
|---|--|--|---|
| DOCUMENT # N04000008623 1. Entity Name PALMER SQUARE WEST NO. 4 CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 6020B DEACON ROAD SARASOTA, FL 34238 | | Mailing Address 6020B DEACON ROAD SARASOTA, FL 34238 | |
| 2. Principal Place of Business 6565 SUPERIOR AVE. | | 3. Mailing Address 3412 CLARK RD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 236 | |
| City & State SARASOTA, FL | | City & State SARASOTA, FL | |
| Zip 34231 | | Zip 34231-8406 | |
| Country | | Country | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENDRICKSON, III., ROBERT W 1206 MANATEE AVENUE WEST BRADENTON, FL 34205 | | 7. Name and Address of New Registered Agent Name BARLOW GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 6565 SUPERIOR AVENUE City SARASOTA FL Zip Code 34231 | |
| 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  JUNE B. WEIST, PRESIDENT BARLOW GROUP, INC. 04/15/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST WHEALY, THOMAS G 3917 BOCA POINTE DRIVE SARASOTA, FL 342385507 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PP WHEALY, THOMAS G. 3412 CLARK RD #236 SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP JACKSON, MICHAEL 6020B DEACON ROAD SARASOTA, FL 34238 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JACKSON, MICHAEL 3412 CLARK RD #236 SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, JIM 6020B DEACON ROAD SARASOTA, FL 34238 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD THOMPSON, JAMES 3412 CLARK RD #236 SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WEIST, JUNE B. 3412 CLARK RD #236 SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 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 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:  JUNE B. WEIST | | 04/15/2005 (941) 927-1946 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |