

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90018 023 ****61.25

DOCUMENT # N04000008623 1. Entity Name PALMER SQUARE WEST NO. 4 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6565 SUPERIOR AVE. SARASOTA FL 34231		Mailing Address 4370 S. TAMiami TRAIL 102 SARASOTA FL 34231	
2. Principal Place of Business - No P.O. Box # 4370 S. Tamiami Trail		3. Mailing Address Suite, Apt. #, etc. Suite 102	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34231	Country US	Zip 34231	Country US
6. Name and Address of Current Registered Agent CASEY CONDOMINIUM MANAGEMENT 4370 S. TAMiami TRAIL SARASOTA FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 102 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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> <div style="text-align: right;"><small>DATE</small></div>			
FILE NOW: 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	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD BELEKY, LEWIS 3681 SQUARE WEST LANE SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VPD MILLER, LAWRENCE 3687 SQUARE WEST LANE SARASOTA FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP SD Chase, Barbara 3685 Square West Lane Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

4. FEI Number 20-3832238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **4/25/07** **(941) 925-3729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #