

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000011043

1. Entity Name
PALMETTO BAY FOUNDATION, INC.



Principal Place of Business
**8950 SW 152ND ST.
PALMETTO BAY, FL 33157**

Mailing Address
**8950 SW 152ND ST.
PALMETTO BAY, FL 33157**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0529567

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUTSIS, EVE A
18001 OLD CUTLER ROAD
SUITE 556
PALMETTO BAY, FL 33157**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEIDHART, PAUL
STREET ADDRESS	8950 SW 152ND ST
CITY-ST-ZIP	PALMETTO, FL 33157
TITLE	VP
NAME	WILLIAMS, RON E
STREET ADDRESS	8950 SW 152ND ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	T
NAME	CHIN, DESMOND
STREET ADDRESS	8950 SOUTHWEST 152 STREET
CITY-ST-ZIP	PALMETTO BAY, FL 33157
TITLE	S
NAME	RADER, MEIGHAN J
STREET ADDRESS	8950 SW 152ND ST
CITY-ST-ZIP	PALMETTO, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000739381
01/30/08-80091-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #