


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JAN 30 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004324			
1. Entity Name THE PROMENADE AT PALENCIA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5472 FIRST COAST HIGHWAY #12 AMELIA ISLAND, FL 32034		Mailing Address 5472 FIRST COAST HIGHWAY #12 AMELIA ISLAND, FL 32034	
2. Principal Place of Business		3. Mailing Address 5455 AIA South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St Augustine FL	
Zip	Country	Zip	Country
		32080	St. John
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent HARDWICK, JAMES O 5472 FIRST COAST HIGHWAY #12 AMELIA ISLAND, FL 32034		7. Name and Address of New Registered Agent Name MAY Management Services Street Address (P.O. Box Number is Not Acceptable) 5455 AIA South City St. Augustine FL Zip Code 32080	
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 <i>[Signature]</i> 1/24/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
" Amended AR is \$61.25		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 HARDWICK, JAMES O 5472 FIRST COAST HIGHWAY #12 AMELIA ISLAND, FL 32034 <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	STD FAULK, CASSANDRA 5472 FIRST COAST HIGHWAY #12 AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700065196597 02/06/06--01018--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, CHARLIE 5472 FIRST COAST HIGHWAY #12 AMELIA ISLAND, FL 32034 <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
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/23/06 Daytime Phone # 904 261 3355	