## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 31, 2007 8:00 am Secretary of State

DOCUMENT # N0500006607  1. Entity Name THREE PALMS CENTER CONDOMINIUM ASSOCIATION, INC.									01-31-200	7 90049 01	11 ****61	.25
2141 ALTERNATE AIA SOUTH 2 SUITE 330 S				Mailing Address 2141 ALTERNATE AIA SOUTH SUITE 330 JUPITER, FL 33477				40007666				
2. Principal Place of Business - No P.O. Box # 3				3. Mailing Address								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					01032007	Chg-NP	CR2E03	37 (12/06)	
City & Sta	ite		City & State				4. FE! Number Applied For 54-2177756 Not Applicable					
Zip	# 1 1.	Country	Zip			untry		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						Γ		7. Name and	Address of New	Registered A	Agent	
ROBERT BRODY: P.A. 1601 FORUM PLACE STE 1101 WEST PALM BEACH, FL 33401				Street Address (				(P.O. Box Number is Not Acceptable)				
	Signature, typed	y direted name of registered age			: Registere	d Agent signat		when reinstating)				
Filing Fee is \$61.25  Due by May 1, 2007  Trust Fund Con						on. Added to Fees Florida Department of State						
10. OFFICERS AND DIRECTORS								ADDITIONS/CH	ANGES TO OFFIC	CERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER, FL 33477 CITY					-					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	5 POND S	, ANTHONY B STREET DINT, NY 11024		Delete			RO 211 Jup	sen Beri	g, DAVII nate a-	D C -1-4.5.,	Suit:	Addition 230
TITLE	SD			☐ Delete	TITL	E	7			,	Change	Addition

CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZtP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NAME

STREET ADDRESS

12. Thereby 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 any address, with all other like empowered. ROBERT FROMEN

NAME

STREET ADDRESS

PROTTING, NORMA

2141 ALTERNATE AIA SOUTH SUITE 330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #