

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008555

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** PALMETTO PLANTATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

116 SAILOR'S COVE DRIVE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

P.O. BOX 39  
PORT ST. JOE, FL 32457

**New Mailing Address:**

224 7TH STREET  
PORT ST. JOE, FL 32456

FEI Number: 20-8803356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROOM II, PAUL W  
116 SAILOR'S COVE DRIVE  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SQUIRES, JR., RICHARD E  
Address: ROUTE 2 BOX 71  
City-St-Zip: LEARY, GA 39862

Title: DVPS ( ) Delete  
Name: HAMM, GEORGE P  
Address: P.O. BOX 275  
City-St-Zip: LAKELAND, GA 31635

Title: DT ( ) Delete  
Name: MOYE, THOMAS E  
Address: ROUTE 2 BOX 71  
City-St-Zip: LEARY, GA 39862

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. SQUIRES, JR.

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04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date