

05-18-2007 90216001 *5,328.75
N05000010397**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000010397 1. Entity Name PALACE OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12270 SW 3RD ST., STE. 200 PLANTATION, FL 33325-2811			Mailing Address 12270 SW 3RD ST., STE. 200 PLANTATION, FL 33325-2811		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0134722	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAUGHAN, CRAIG A. 12270 SW 3RD ST., STE. 200 PLANTATION, FL 33325-2811				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DP DONNELLY, PATRICK JAMES 12270 SW 3RD ST., STE. 200 PLANTATION, FL 333252811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DONNELLY, ROBERT A. 12270 SW 3RD ST., STE. 200 PLANTATION, FL 333252811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VAUGHAN, CRAIG A. 12270 SW 3RD ST., STE. 200 PLANTATION, FL 333252811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	\$614		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

 FILED
 07 MAY 23 PM 2:10
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA


02152007 Chg-NP CR2E037 (12/06)