## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N05000010397 08 APR 29 PM 2: 39 PALACE OFFICE CONDOMINIUM ASSOCIATION, INC. LUMETARY OF STATE ALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 66007113 12270 SW 3RD ST., STE. 200 12270 SW 3RD ST., STE. 200 PLANTATION, FL 33325-2811 PLANTATION, FL 33325-2811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 02132008 Chg-NP Suite, Apt. #, etc. CR2E037 (12/06) City & State Applied For City & State 27-0134722 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHAN, CRAIG A. Street Address (P.O. Box Number is Not Acceptable) 12270 SW 3RD ST., STE. 200 **PLANTATION, FL 33325-2811** City Zip Code FL 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) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE ☐ Addition DONNELLY, PATRICK JAMES NAME NAME 12270 SW 3RD ST., STE. 200 STREET ADDRESS STREET ADORESS CITY-ST-ZIP PLANTATION, FL 333252811 CITY-ST-ZIP TITLE ☐ Debrie TITLE Change Addition ROMERO, ROD NAME NAME STREET ADDRESS 12270 SW 3RD ST., STE. 100 STREET ADDRESS PLANTATION, FL 333252811 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE Chance ☐ Addition VAUGHAN, CRAIG A. STREET ADDRESS 12270 SW 3RD ST., STE. 200 STREET ADDRESS CITY-57-ZIP PLANTATION, FL 333252811 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition ITILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this Introduced on 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee embodyless 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 party plother like empowered. SIGNATURE: \_

SIGNATURE AND TYPED OR PREITED HAME OF SIGNING OFFICER OR DIRECTOR

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