

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012461

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE PALMS OF TARPON SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762

New Mailing Address:

5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734

FEI Number: 20-3982613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

LANG & BROWN, PA
5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734 US

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: SHAWN BROWN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZARRIS, OLYMPUS
Address: 600 HAVEN PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VD () Delete
Name: ZARRIS, GEORGE
Address: 600 HAVEN PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: SOLOMOS, GREG
Address: 600 HAVEN PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: STEINBRECHER, DAVE
Address: 600 HAVEN PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

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:

Title: TD (X) Change () Addition
Name: ARNOLD, KEITH
Address: 606 HAVEN PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

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: OLYMPUS ZARRIS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date