
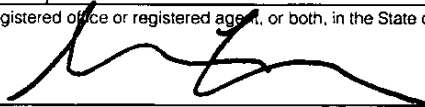


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90048 030 ****61.25

DOCUMENT # N06000001317 1. Entity Name PALMETTO COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2503 DEL PRADO BLVD. SUITE 500 C/O PROFESSIONAL REALTY CONSULTANTS CAPE CORAL, FL 33904		Mailing Address P.O. BOX 100831 C/O PROFESSIONAL REALTY CONSULTANTS CAPE CORAL, FL 33910			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent PROFESSIONAL REALTY CONSULTANTS 2503 DEL PRADO BLVD., SUITE 500 C/O PROFESSIONAL REALTY CONSULTANTS CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent 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 <u>George Tesque</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2-20-08</u>	
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BERGER, MARTY 2503 DEL PRADO BLVD., SUITE 500 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATYKA, GERIJO 2503 DEL PRADO BLVD., SUITE 500 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HALPERN, RICHARD 2503 DEL PRADO BLVD., SUITE 500 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Handwritten Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-20-08</u> <small>Daytime Phone #</small>	



(239) 850-698