

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003589

FILED
Apr 13, 2009
Secretary of State

Entity Name: TRADITION AT PALM AIRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8445 GARDEN CIRCLE
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8445 GARDEN CIRCLE
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 33-1137376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMMERMAN, MARCY H ESQ
21 WEST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

POTTS, LIZBETH ESQ
9812 NO. 56TH STREET
TAMPA, FL 33617 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: LIZBETH POTTS, ESQ 04/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAMMERMAN, MARCY H
Address: 21WEST LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: FAGERLI, BUD
Address: 21 WEST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: STD () Delete
Name: HELMAN, JAMES R
Address: 21 WEST LAS OLAS BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Delete
Name: LINN, MIKE
Address: 4536 BARTON DRIVE
City-St-Zip: SARASOTA, FL 342325301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, KENNETH
Address: 32 COSTA ST
City-St-Zip: N DARTMOUTH, MA 02747

Title: VP (X) Change () Addition
Name: GAROFALO, TREVOR
Address: 8445 GARDENS CIRCLE #15
City-St-Zip: SARASOTA, FL 34243

Title: STD (X) Change () Addition
Name: BLOUNT, RHONDA
Address: 8445 GARDENS CIRCLE #02
City-St-Zip: SARASOTA, FL 34243

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: PAULA BENNETT, AUTHORIZED AGENT PD 04/13/2009

Electronic Signature of Signing Officer or Director Date