2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003887

FILED Apr 08, 2008 Secretary of State

Entity Name: PALMETTO PROPERTIES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1331 PALMETTO AVE. WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** C/O GREGORY W. MEIER 1331 PALMETTO AVE WINTER PARK, FL 32789 PO BOX 1010 ORLANDO, FL 328021010 FEI Number: 20-5304292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEIER, GREG MEIER, GREGORY W 1000 LEGION PL., STE. 1700 1000 LÉGION PL., STE. 1700 ORLANDO, FL 32801 ORLANDO, FL 32801 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: GREGORY W. MEIER 04/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILSON, BICKLEY C Name: Name: P O BOX 133 Address: Address: City-St-Zip: WINTER PARK, FL 32790 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: TRAYNOR, ELIZABETH A Name: Address: P O BOX 144 Address: City-St-Zip: WINTER PARK, FL 32790 City-St-Zip: Title: TSD () Delete Title: () Change () Addition MUCHARD, KAREN Name: Name: Address: P O BOX 144 Address: City-St-Zip: WINTER PARK, FL 32790 City-St-Zip: Title: () Delete Title: () Change () Addition TRAYNOR, MAUREEN R Name: Name: Address: P O BOX 144 Address: City-St-Zip: WINTER PARK, FL 32790 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: BICKLEY C. WILSON P 04/08/2008