

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90030 040 ****61.25

DOCUMENT # N06000008849	
1. Entity Name PALMS AT WATERS EDGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3322 NORTH KEY DRIVE NORTH FORT MYERS, FL 33903	Mailing Address 3322 NORTH KEY DRIVE NORTH FORT MYERS, FL 33903
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2. Principal Place of Business - No P.O. Box # 3320 N. KEY DRIVE	3. Mailing Address 212 W. VAN BUREN
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 9TH FLOOR
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City & State N. FORT MYERS FL	City & State CHICAGO IL
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Zip 33903	Country USA	Zip 60607	Country USA
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6. Name and Address of Current Registered Agent			
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ZARETSKY, LOUIS D ESQ. 555 NE 15TH STREET SUITE 100 MIAMI, FL 33132			
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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.			
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SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)	
Signature, typed or printed name of registered agent and title if applicable.		DATE	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMOTTE, BRUCE 212 W. VAN BUREN - 9TH FLOOR CHICAGO, IL 60607 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLACK, ALAN 212 W. VAN BUREN - 9TH FLOOR CHICAGO, IL 60607 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNOLLY, DAVID 212 W. VAN BUREN - 9TH FLOOR CHICAGO, IL 60607 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNIGHT, CRAIG 212 W. VAN BUREN - 9TH FLOOR CHICAGO, IL 60607 ☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.	
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SIGNATURE: <u>Craig A. Knight</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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40051735



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4. FEI Number 20-5920715	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

3.29.07

312.377.7100