

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009853

FILED
Apr 01, 2009
Secretary of State

Entity Name: THE PALMS CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5500 METROWEST BLVD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

5500 METROWEST BLVD
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-5091607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUCKER, DAN
Address: 225 W HUBBARD ST #400
City-St-Zip: CHICAGO, IL 60610

Title: V () Delete
Name: STOCKING, NICK
Address: 225 W HUBBARD ST #400
City-St-Zip: CHICAGO, IL 60610

Title: TS () Delete
Name: NIVEN, BRIAN
Address: 1555 N SHEFFIELD
City-St-Zip: CHICAGO, IL 60622

Title: D () Delete
Name: SLAVEN, ARTHUR
Address: 225 W HUBBARD ST #400
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: LERNER, MICHAEL
Address: 1555 N SHEFFIELD
City-St-Zip: CHICAGO, IL 60622

Title: D () Delete
Name: ASHKIN, LAURENCE
Address: 225 W HUBBARD ST #400
City-St-Zip: CHICAGO, IL 60610

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN MCLINDEN

MGR

04/01/2009

Electronic Signature of Signing Officer or Director

Date