## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010172

FILED Mar 09, 2009 Secretary of State

Entity Name: PALMS COURT CONDOMINIUMS ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044

**New Mailing Address: Current Mailing Address:** 

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 20-5967180 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:

HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

( ) Delete EL HASSAN, MARC MAJED PITTAS, GREGORY F Name: Name: 9857 ST AUGUSTINE ROAD SUITE 5 Address: 3205 SE 21ST AVE Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: OCALA, FL 34471

Title: ( ) Delete Title: (X) Change ( ) Addition

O'LEARY, DEREK Name: ASHLEY, SHELBY Name: Address: 7734 SAWTOOTH COURT Address: 319 1ST AVE N #1C City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32250

Title: STD () Delete Title: (X) Change ( ) Addition

HASSAN, ANDREW Name: NEWMAN, ANNMARIE Name: 2727 SCOTT MILL TERRACE Address: Address: 319 1ST AVE N #2D City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32250

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: GREGORY F PITTAS PD 03/09/2009