

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006097

FILED
Jan 31, 2008
Secretary of State

Entity Name: PALM CITY CONTRACTORS CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1790 SW POMA DR
PALM CITY, FL 34990

New Principal Place of Business:

2049 SW POMA DRIVE
PALM CITY, FL 34990

Current Mailing Address:

1790 SW POMA DR
PALM CITY, FL 34990

New Mailing Address:

2049 SW POMA DRIVE
PALM CITY, FL 34990

FEI Number: 65-1311656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMA, FRANK
1790 SW POMA DR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

POMA, FRANK
2049 SW POMA DRIVE
PALM CITY, FL 34990 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:

01/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POMA, FRANK
Address: 1790 SW POMA DR
City-St-Zip: PALM CITY, FL 34990

Title: VSTD () Delete
Name: POMA, JASON F
Address: 1790 SW POMA DR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: POMA, JOSEPH A
Address: 1790 SW POMA DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: POMA, FRANK
Address: 2049 SW POMA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VSTD (X) Change () Addition
Name: POMA, JASON F
Address: 2049 SW POMA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: POMA, JOSEPH A
Address: 2049 SW POMA DRIVE
City-St-Zip: PALM CITY, FL 34990

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: FRANK POMA

MGRM

01/31/2008

Electronic Signature of Signing Officer or Director

Date