

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006097

FILED  
Apr 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2049 SW POMA DRIVE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

2049 SW POMA DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

**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  
2049 SW POMA DRIVE  
PALM CITY, FL 34990 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: PD ( ) Delete  
Name: POMA, FRANK  
Address: 2049 SW POMA DRIVE  
City-St-Zip: PALM CITY, FL 34990

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

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

**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:

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

PD

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date