2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N09506

Entity Name: PALM PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY. W, STE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY. W, STE 23
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-2811215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY
10221 EMERALD COAST PKWY. W, STE 23
MIRAMAR BEACH, FL 32550 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: D ( ) Delete
Name: TAYLOR, TIMOTHY
Address: 10221 HIGHWAY 98 WEST, STE. 2
City-St-Zip: DESTIN, FL

Title: PD ( ) Delete
Name: LILES, BUDDY
Address: 550 TOPSAIL UNIT 311
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete
Name: WALLACE, DANICE
Address: 10221 HIGHWAY 98 W STE-26
City-St-Zip: DESTIN, FL

Title: VPD ( ) Delete
Name: SAEVA, JOHN
Address: 10221 HWY 98 W S19
City-St-Zip: DESTIN, FL 32550

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BUDDY LILES PD 04/10/2007

Electronic Signature of Signing Officer or Director — Date