

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11707

FILED  
Feb 12, 2010  
Secretary of State

**Entity Name:** PALM COURT CONDOMINIUM ASSOCIATION OF TAMPA, INC.

**Current Principal Place of Business:**

2315 CLEWIS COURT  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

2315 CLEWIS COURT  
SUITE 202  
TAMPA, FL 33629 US

**New Mailing Address:**

2315 CLEWIS COURT  
# 103  
TAMPA, FL 33629 US

**FEI Number:** 59-2445263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSH ROSS REGISTERED AGENT SERVICES, LLC  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 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  
Name: SAXON, PAM  
Address: 2315 CLEWIS COURT, #202  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: SARNO, CATHERYN  
Address: 2315 CLEWIS CT. #203  
City-St-Zip: TAMPA, FL 33629

Title: PTD  
Name: MCINTIRE, PETER  
Address: 2315 CLEWIS COURT, #103  
City-St-Zip: TAMPA, FL 33629

Title: SD  
Name: INFANTE, CHRISTINE  
Address: 712 S. BELLA VISTA  
City-St-Zip: TAMPA, FL 33609

Title: VD  
Name: SMITH, BARBARA  
Address: 2315 S CLEWIS CT. # 101  
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: PAM SAXON

DIR

02/12/2010

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

\_\_\_\_\_  
Date