

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16117

FILED
Apr 29, 2009
Secretary of State

Entity Name: COURT OF PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

781 W ELKCAM CIRCLE
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 320
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 59-2840109 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAFE HARBOR MGMT.
601 ELKCAM CIR. B-16
MARCO ISLAND, FL 34145 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: SCHMIDT, JOHN
Address: P.O BOX 16
City-St-Zip: WHITE SULPHUR SPRINGS, NY 12787

Title: P () Delete
Name: FERGUSON, ROBERT MR
Address: 781 W. ELKCAM CIRCLE, A-2
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: FUCHS, OTTO
Address: 790 CONVENTRY DR
City-St-Zip: WEBSTER, NY 14580

Title: ST () Delete
Name: SKALASKI, STEVEN
Address: 112 10TH STREET, # 201
City-St-Zip: PITTSBURGH, PA 15215

Title: D () Delete
Name: BARESS, JOSEPH
Address: 10 MAPLE ST, SOUTH BEACH
City-St-Zip: WHITE SULPHUR SPRINGS, NY 12787

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:

Title: D (X) Change () Addition
Name: BORES, JOSEPH
Address: 10 MAPLE ST, SOUTH BEACH
City-St-Zip: WHITE SULPHUR SPRINGS, NY 12787

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: ROBERT FERGUSON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date