


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16600</b>	
1. Entity Name <b>SOUTHERN PALMS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>1521 SW 47TH TERR 101 CAPE CORAL, FL 33914</b>	Mailing Address <b>1521 SW 47TH TERR APT 101 CAPE CORAL, FL 33914 US</b>
--	---



01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0156620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LAMARITATA, DIANE 1521 SW 47TH TERRACE APT 101 CAPE CORAL, FL 33914</b>
---

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMARITATA, DIANE F 1521 SW 47TH TERR APT 101 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERCE, SUSAN 284 FISHER RD GROSSE POINTE, MI 48230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SASSO, LYNN 1421 SW 21 SERR. CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSHMAN, RICHARD 1521 SW 47TH TERR APT 203 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000189558  
01/24/05-80100-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Susan Pierce, Treasurer 1/18/05 313-882-4096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #