2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2006 8:00 am Secretary of State

1. Entity Name	MENT # N16600 RN PALMS CONDOMINIUN		95-26-2006 9001	5 021 ****7	0.00			
Principal Place 1521 SW 47 101 CAPE CORAL,	TH TERR	Mailing Address 1521 SW 47TH TERR APT 101 CAPE CORAL, FL 33914	US	1 (08)(01 00) (10)		001975		
2. Principal Place of Business 1521 5w 4n + Ter Suite, Apt. #, etc.		3. Mailing Address 1521 3W 47 ⁺⁴ Ter Suite, Apt. #, etc.			05122006 Chg-NP CR2E037 (4/06)			
203 City & State	Coral FL	Cope Cora	I EL	4. FEI Number 65-015662			plied For	
33911		Zip 33914	Country	5. Certificate of St.		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere	d Agent		
	TA DIAME		Name	chard Po	nard Rushman			
LAMARITATA, DIANE 1521 SW 47TH TERRACE APT 101			1251 2	ess (P.O. Box Number is I	Not Acceptable)			
CAPE COF	RAL, FL 33914		#203	3				
,			همم ^{نظع} ا	2 Cosal	F	L 3339	14	
8. The above	named entity submits this statement fo		the State of Florida. I a	m familiar with,	and accept			
the obligati	ions of registered agent.		_		•			
	1.1.1/5				~ /c	~/		
SIGNATURE₄	Signature, typed or printed name of registered agent	and title if enrichments (MOTE: 5	Registered Agent signature re	any simul when reinstations	&-15-	00		
/	Signature, lypod or girildas name or registares again.	BIO DE PROPOCADIO. (NOTE: P	ACCURATION AGENT HIS STATE OF	dren www.neuerstand)	OA.II	<u> </u>		
Di	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		eck payable to artment of St		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS (CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
		ILOTOTIO .						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Horida 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: S

SIGNATURE AND TYPEO'OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5-14-06 4017247463

Daytime Phone