

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17172

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** PALM COURT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

310 PEARL AVE  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

1226 N TAMIAMI TRAIL  
#200  
SARASOTA, FL 34236 US

**Current Mailing Address:**

310 PEARL AVE  
SARASOTA, FL 34243 US

**New Mailing Address:**

1226 N TAMIAMI TRAIL  
#200  
SARASOTA, FL 34236 US

**FEI Number:** 65-0147561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, BARBARA  
1226 N TAMIAMI TRAIL  
#200  
SARASOTA, FL 34236 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:** DP  
**Name:** NOBLE, GENE  
**Address:** 4719 61ST AVE. TER W.  
**City-St-Zip:** BRADENTON, FL 34210

**Title:** VP  
**Name:** COOPER, MARVIN  
**Address:** 4710 61ST ANN DR W  
**City-St-Zip:** BLOUSTOWN, FL 34214

**Title:** D  
**Name:** WYOKE, LOWELL  
**Address:** 4817 61ST TERR W  
**City-St-Zip:** BRADENTON, FL 34210

**Title:** ST  
**Name:** COLANGELO, THOMAS  
**Address:** 4819 61ST AVE. DR. W.  
**City-St-Zip:** BRADENTON, FL 34210

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:** GENE NOBLE

DP

02/24/2011

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

\_\_\_\_\_  
Date