


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90202 020 \*\*\*\*61.25

<b>DOCUMENT # N18207</b>					
<b>1. Entity Name</b> THE CLUB VILLAS AT PALM AIRE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5037 PINGWOOD MEADOW B SARASOTA, FL 34235			<b>Mailing Address</b> 5037 PINGWOOD MEADOW B SARASOTA, FL 34235		
<b>2. Principal Place of Business</b> 5041 Ringwood Meadow Suite, Apt. #, etc. Ste 2 City & State		<b>3. Mailing Address</b> 5041 Ringwood Meadow Suite, Apt. #, etc. Ste 2 City & State			
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 59-2766743	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAMI MANAGEMENT INC 5037 RINGWOOD MEADOW B SARASOTA, FL 34235			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 5041 Ringwood Meadow Ste 2 City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DILLON, DONALD 7744 PALM AIRE LANE SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Lombardi, Joseph 7734 Palm Aire Lane Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SIMPSON, ROBERT 7724 PALM AIRE LANE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILDEN, JACKIE 7742 PALM AIRE LANE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Gilden, Jackie 7742 Palm Aire Ln. Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAVAGE, JOHN 7716 PALM AVE LANE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLTZ, TED 7706 PALM AIRE LANE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Robert H. Simpson 4/28/06 <small>Date Daytime Phone #</small>					