

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18479

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** PALMS WEST MEDICAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2950 JOG ROAD  
GREENACRES, FL 33467 US

**New Principal Place of Business:**

13005 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

2950 JOG ROAD  
GREENACRES, FL 33467 US

**New Mailing Address:**

C/O CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number:** 65-1006932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE, STE. 701  
WEST PALM BEACH, FL 33401 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: STD ( ) Delete  
Name: WILLIAMS, GLENNDA Q  
Address: 13001 SOUTHERN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PD ( ) Delete  
Name: SINCLAIR, MICHAEL  
Address: 13005 SOUTHERN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD ( ) Delete  
Name: SHLAMOWITZ, MORRIS  
Address: 13005 SOUTHERN BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TS (X) Change ( ) Addition  
Name: PATTERSON, MICHAEL  
Address: 13001 SOUTHERN BLVD.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL SINCLAIR

PD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date