2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# N18479

Entity Name: PALMS WEST MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13005 SOUTHERN BLVD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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,
SUITE 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: TS
Name: PATTERSON, MICHAEL
Address: 13001 SOUTHERN BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

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

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

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: MICHAEL SINCLAIR PD 02/21/2011

Electronic Signature of Signing Officer or Director Date