


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90248 012 ****61.25

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|--|---|---|--|--|--|
| DOCUMENT # N39843 1. Entity Name THE PALMER CLUB AT PRESTANCIA CONDOMINIUM NO. 1 ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3731 SARASOTA SQUARE BLVD. SARASOTA, FL 34238 US | | | Mailing Address 3412 CLARK ROAD #236 SARASOTA, FL 34231 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address 3731 SARASOTA SQUARE BLVD. Suite, Apt. #, etc. | | |
| City & State | | | City & State SARASOTA, FL | | |
| Zip | | Country | | 4. FEI Number 65-0234309 | |
| Zip 34238 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARLOW GROUP, INC. 6565 SUPERIOR AVENUE SARASOTA, FL 34231 | | | | 7. Name and Address of New Registered Agent Name IRIS Y. SINCERBOX Street Address (P.O. Box Number is Not Acceptable) 3731 SARASOTA SQUARE BLVD. #104 City SARASOTA FL Zip Code 34238 | |
| 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. SIGNATURE <u><i>IRIS Y. SINCERBOX</i></u> DATE <u>3/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COLLIER, JACK 3412 CLARK ROAD, #236 SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARCONI, CAROL A. 3731 SARASOTA SQUARE BLVD. #307 SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZELLER, CHESTER 3412 CLARK ROAD, #236 SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD OSBORNE, ANNE M. 3731 SARASOTA SQUARE BLVD. #102 SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANGILLO, ELEANORA 3412 CLARK ROAD, #236 SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROWE, JANICE 3731 SARASOTA SQUARE BLVD. #101 SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WEIST, JONE B 3412 CLARK ROAD, #236 SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SINCERBOX, IRIS Y. 3731 SARASOTA SQUARE BLVD. #104 SARASOTA, FL 34238 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CAMPBELL, PHYLLIS 3412 CLARK ROAD, #236 SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | | | |
| SIGNATURE: <u><i>Carol A. Marconi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>3/21/2006</u> <u>941-929-9044</u> <small>Date Daytime Phone #</small> | | |