


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90009 006 ****61.25

DOCUMENT # N39844

1. Entity Name
THE PALMER CLUB AT PRESTANCIA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**3731 SARASOTA SQUARE BLVD
 SARASOTA FL 34238**

Mailing Address
**3629 MINEOLA DR
 SARASOTA FL 34239**



2. Principal Place of Business
3749 SARASOTA SQUARE BLVD

3. Mailing Address
 Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
 Suite, Apt. #, etc.

Zip
34238

Country
USA

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0234308

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MYERS, W PARKINSON
 15436 NORTH FLORIDA AVE 101
 TAMPA, FL 33613**

7. Name and Address of New Registered Agent

Name
SHOWALTER, KENNEDY KRISTEN

Street Address (P.O. Box Number is Not Acceptable)
2908 BAY TO BAY BLVD # 200

City
TAMPA

FL Zip Code
33629

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 *Kristen Kennedy Showalter*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUND, LARRY 3731 SARASONS SQUARE BLVD SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, W PARKINSON 15436 NORTH FLORIDA AVE 101 TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAFFER, ISAAC 15436 WORM FLORIDA AVE. SUITE 101 TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEUMANN, ANDRE 3731 SARASOTA SQUARES BLVD. #201 SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORNTON, MELODY 3749 SARASOTA SQUARE BLVD SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHOWALTER, KENNEDY KRISTEN 2908 BAY TO BAY BLVD # 200 TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANGILLO, ELEANORA 3731 SARASOTA SQUARE BLVD #305 SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Melody Thornton* **2-7-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #