


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90012 026 \*\*\*\*61.25

<b>DOCUMENT # N39844</b> 1. Entity Name <b>THE PALMER CLUB AT PRESTANCIA NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>3749 SARASOTA SQR BLVD SARASOTA, FL 34238</b>			Mailing Address <b>3629 MINEOLA DR SARASOTA, FL 34239</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0234308</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MYERS, W PARKINSON 2908 BAY TO BAY BLVD 200 TAMPA, FL 33629</b>				7. Name and Address of New Registered Agent Name <b>Arcis Investments, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>2908 Bay to Bay Blvd Suite 200</b> City <b>Tampa</b> FL Zip Code <b>33629</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. SIGNATURE <i>Kristen Kennedy Showalter, V.P. Arcis Investments, Inc.</i> DATE <b>3/2/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete <b>THORTON, MELODY</b> STREET ADDRESS <b>3749 SARASOTO SQR BLVD</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete <b>SHOWALTER, KRISTEN K</b> STREET ADDRESS <b>2908 BAY TO BAY BLVD 200</b> CITY-ST-ZIP <b>TAMPA, FL 33629</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete <b>SANGILLO, ELEANDRA</b> STREET ADDRESS <b>2731 SARASOTO SQR BLVD 305</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Kristen Kennedy Showalter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/3/07</b>		Daytime Phone #: <b>(813) 805-2110</b>