


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90008 023 ****61.25

DOCUMENT # N39844 1. Entity Name THE PALMER CLUB AT PRESTANCIA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 3749 SARASOTA SQR BLVD SARASOTA, FL 34238			Mailing Address 3629 MINEOLA DR SARASOTA, FL 34239		
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 65-0234308	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ARCIS INVESTMENTS, INC 2408 BAY TO BAY BLVD 200 TAMPA, FL 33629				Name RSC SARASOTA P.C. LLC Street Address (P.O. Box Number is Not Acceptable) 1660 NE MIAMI GARDENS DR #1 City NORTH MIAMI, FL Zip Code 33179	
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>Melody Thornton</i> MELODY THORNTON 2/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD THORTON, MELODY <input type="checkbox"/> Delete 3749 SARASOTO SQR BLVD SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHOWALTER, KRISTEN K <input checked="" type="checkbox"/> Delete 2908 BAY TO BAY BLVD 200 TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BITTAN, AVI 1660 NE MIAMI GARDENS DR #1 NORTH MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete SANGILLO, ELEANDRA 2731 SARASOTO SQR BLVD 305 SARASOTA, FL 34238		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROWE, JANICE 3731 SARASOTA SQUARE BLVD 101 SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <i>Melody Thornton</i> 2/26/08 9419221669 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					