


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000001344 1. Entity Name PALMETTO PROFESSIONAL PARK PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business TRIDENT PROPERTIES MGMT 1000 HOLLAND DRIVE STE 2 BOCA RATON, FL 33487 US	Mailing Address TRIDENT PROPERTIES MGMT 1000 HOLLAND DRIVE STE 2 BOCA RATON, FL 33487 US
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01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0975232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODERICK, MICHAEL  
 C/O TRIDENT PROPERTIES MANG.  
 1000 HOLLAND DRIVE STE 2  
 BOCA RATON, FL 33487

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LEDER, MARCIA B 1000 HOLLAND DR. STE 2 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISHNOV, BRUCE 1000 HOLLAND DR. STE 2 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOERBER, JOHN 1000 HOLLAND DR. STE 2 BOCA RATON, FL 33487
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**DO NOT WRITE IN THIS SPACE**

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: MARCIA B. LEDER Date: 2-11-08 Daytime Phone #: 561-482-8072