

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004952

1. Entity Name
**W.H. PALMER OFFICE COMPLEX PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1519 DEMPSEY MAYO RD
TALLAHASSEE, FL 32308**

Mailing Address

**4351 MAYLOR ROAD
TALLAHASSEE, FL 32308 US**



01252005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3321552

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADKINS, GWENDOLYN P
1319 THOMASWOOD DR
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME PALMER, SHARON M
STREET ADDRESS 1519 DEMPSEY MAYO RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME PALMER, JUANITA A
STREET ADDRESS C/O 1519 DEMPSEY MAYO RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME PALMER, WALDO H JR
STREET ADDRESS 4364 MAYLER RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME GOULD, ELIZABETH P
STREET ADDRESS 4351 MAYLOR RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME ADKINS, GWENDOLYN P
STREET ADDRESS 4352 MAYLER ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000300113
04/12/05-80008-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Elizabeth Palmer Gould
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05
Date

850 878 8696
Daytime Phone #