


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003352

1. Entity Name
PALMER PARK OF COMMERCE ASSOCIATION, INC.



Principal Place of Business Mailing Address

6142 CLARK CENTER AVENUE 6142 CLARK CENTER AVENUE
SARASOTA, FL 34238 US SARASOTA, FL 34238 US

DO NOT WRITE IN THIS SPACE



03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0525322	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

COOK, JOHN F ESQ.
2033 WOOD ST.
STE. 220
SARASOTA, FL 34237

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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 consulting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTH, RICHARD C 6142 CLARK CENTER AVENUE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMBRECHT, SUSANN 6142 CLARK CENTER AVENUE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, EDWIN 8588 POTTER PARK DR, STE.,#500 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, JUSTIN 8588 POTTER PARK DR, STE.,#500 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/07-80043-003 61.25

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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: Richard C Barth Richard C Barth 4/13/07 941-922-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #