


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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| DOCUMENT # N94000003352 1. Entity Name PALMER PARK OF COMMERCE ASSOCIATION, INC. |  |
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FILED
Jun 26, 2008 08:00 AM
Secretary of State



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| Principal Place of Business 6142 CLARK CENTER AVENUE SARASOTA FL 34238 US | Mailing Address 6142 CLARK CENTER AVENUE SARASOTA FL 34238 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/07)

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|----------------------------------|----------------------------------|
| City & State Zip Country | City & State Zip Country |
|----------------------------------|----------------------------------|

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| 4. FEI Number 65-0525322 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent COOK, JOHN F ESQ. 2033 WOOD ST. STE. 220 SARASOTA FL 34237 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____

(NOTE: Registered Agent signs in blue ink with red stamp)

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| FILE NOW: 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD BARTH, RICHARD C 6142 CLARK CENTER AVENUE SARASOTA FL 34238 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | - 000000953403 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/26/08-80002-022 61.25 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD AMBRECHT, SUSANN 6142 CLARK CENTER AVENUE SARASOTA FL 34238 <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 | TD TURNER, EDWIN 8588 POTTER PARK DR, STE., #500 SARASOTA FL 34238 <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 | VPD POWELL, JUSTIN 8588 POTTER PARK DR. STE., #500 SARASOTA FL 34238 <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 Section 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: *Paul A. Bart* *6/26/08* *941.922.3866*