## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002841

FILED Apr 15, 2005 Secretary of State

Entity Name: THE PALMS TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

17878 FRONT BEACH RD 17878 FRONT BEACH RD

UNIT A-3 UNIT #13

PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413

Current Mailing Address: New Mailing Address:

17878 FRONT BEACH RD BOX # 13

PANAMA CITY BEACH, FL 32413

FEI Number: 59-3370526 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRINER, DOROTHY

17878 FRONT BEACH RD

UNIT # A-3

SORRENTI, ALFRED

17878 FRONT BEACH RD

BOX #13

PANAMA CITY BEACH, FL 32413 US PANAMA CITY BEACH, FL 32413 US

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.

SIGNATURE: ALFRED SORRENTI 04/15/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 TAYLOR, LISA
 Name:
 SORRENTI, ALFRED

 Address:
 17878 FRONT BEACH RD # 5
 Address:
 17878 FRONT BEACH RD # 13

 City-St-Zip:
 PANAMA CITY BEACH, FL 32413
 City-St-Zip:
 PANAMA CITY BEACH, FL 32413

Title: STD () Delete Title: STD (X) Change () Addition

Name: GRINER, DOROTHY Name: PUFAHL, LYLE
Address: 17878 FRONT BEACH RD # 3 Address: 17878 FRONT BEACH RD # 13

City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VPD () Delete Title: VPD (X) Change () Addition

Name:SORRENTI, ALFREDName:SALESSES, GREGORYAddress:17878 FRONT BEACH RD #8Address:17878 FRONT BEACH RD #13City-St-Zip:PANAMA CITY BEACH, FL 32413City-St-Zip:PANAMA CITY BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED SORRENTI PD 04/15/2005