

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 050 ****61.25

DOCUMENT # N97000001626

1. Entity Name
PALMAS DEL SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1160 COURT OF PALMS
FORT MYERS, FL 33908**

Mailing Address
**1160 COURT OF PALMS
FORT MYERS, FL 33908**

40031551



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
clomyers Bretholz & CO

Suite, Apt. #, etc.

Suite, Apt. #, etc.
12671 Whitehall Dr.

01282007 Chg-NP CR2E037 (12/06)

City & State

City & State
Ft. Myers, FL

4. FEI Number
65-0830390

Applied For
Not Applicable

Zip

Country

Zip
33907

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCULLEY, JIM
1160 COURT OF PALMS #803
FORT MYERS, FL 33908** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD/SD
Hal Bickham
11640 Court of Palms #501
Ft. Myers, FL 33908** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
TEERLING, JOHN
1160 COURT OF PALMS #603
FORT MYERS, FL 33908** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Clyde Brown
11600 Court of Palms #301
Ft. Myers, FL 33908** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROLLER, JAMES
1160 COURT OF PALMS #406
FORT MYERS, FL 33908** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
John Ayotte
11620 Court of Palms #702
Ft. Myers, FL 33908** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Charles Nesbitt
11600 Court of Palms #603
Ft. Myers, FL 33908** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Joan Good
11640 Court of Palms #203
Ft. Myers, FL 33908** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #