

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-14-2006 90029 041 ****61.25

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1st MOORE CR2E037 (10/05)

DOCUMENT # N98000001050 1. Entity Name PALISADES AT PALMER RANCH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2477 STICKNEY POINT RD 118A SARASOTA FL 34231			Mailing Address 2477 STICKNEY POINT RD 118A SARASOTA FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0845174	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MGMT 2477 STICKNEY POINT RD #118A SARASOTA FL 34231				7. Name and Address of New Registered Agent 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 registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P WIGGINS, JERRY 7176 RUE DE PALESADES SARASOTA FL 34238	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVITT, RALPH 7136 RUE DE PALESADES SARASOTA FL 34238	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAPPOLD, ELSA 7128 RUE DE PALISADES SARASOTA FL 34238	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, DAN 7168 RUE DE PALISADES SARASOTA FL 34238	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <i>Jeanne M. Wiggins</i> <i>4/6/06</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					