

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90077 015 ****70.00

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1. Entity Name
**THE PALMS COUNTRY CLUB AND RESORT
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**7900 PALMS PKWY
KISSIMMEE, FL 34747 US**

Mailing Address
**7380 SAND LAKE ROAD
SUITE 600
ORLANDO, FL 32819 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3543294

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801**

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, 2004**

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 PD ☐ Delete
NAME FARWELL, ROGER
STREET ADDRESS 7380 SAND LAKE ROAD- SUITE 600
CITY-ST-ZIP ORLANDO, FL 32819

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

TITLE VD ☐ Delete
NAME BORRENSEN, JOHN
STREET ADDRESS 7380 SAND LAKE ROAD -SUITE 600
CITY-ST-ZIP ORLANDO, FL 32819

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

TITLE STD ☒ Delete
NAME RAINEY, ALAN
STREET ADDRESS 7380 SAND LAKE ROAD -SUITE 600
CITY-ST-ZIP ORLANDO, FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Andrew marcus
STREET ADDRESS 7380 Sand Lake Rd Ste 600
CITY-ST-ZIP Orlando FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME David Willis
STREET ADDRESS 7380 Sand Lake Rd Ste 600
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew marcus

4/14/04

407-226-1000

Secretary

Date

Daytime Phone #