


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005924</b> 1. Entity Name <b>THE PALMS COUNTRY CLUB AND RESORT CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7900 PALMS PKWY KISSIMMEE, FL 34747 US</b>	Mailing Address <b>7380 SAND LAKE ROAD SUITE 600 ORLANDO, FL 32819 US</b>
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04202006 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3543294</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>A.G.C. CO. 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FARWELL, ROGER 7380 SAND LAKE ROAD- SUITE 600 ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BORRESEN, JOHN 7380 SAND LAKE ROAD -SUITE 600 ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SO MARCUS, ANDREW 7380 SAND LAKE RD STE 600 ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILLIS, DAVID 7380 SAND LAKE RD., STE. 600 ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/06-80059-006 70.00

**DO NOT WRITE  
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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:**  **Andrew Marcus** **4/21/06** **407-226-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #