

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005924

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

7900 MYSTIC DUNES LANE
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

7380 SAND LAKE ROAD
SUITE 600
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3543294 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JANKOWSKY, PETER
Address: 7380 SAND LAKE RD., SUITE 600
City-St-Zip: ORLANDO, FL 32819 US

Title: VPD () Delete
Name: HAMILTON, LONNIE
Address: 7380 SAND LAKE RD., SUITE 600
City-St-Zip: ORLANDO, FL 32819 US

Title: SD () Delete
Name: MARCUS, ANDREW
Address: 7380 SAND LAKE RD STE 600
City-St-Zip: ORLANDO, FL 32819 US

Title: TD () Delete
Name: WILLIS, DAVID
Address: 7380 SAND LAKE RD., STE. 600
City-St-Zip: ORLANDO, FL 32819 US

Title: VPD () Delete
Name: HORACE, DONALD
Address: 7380 SAND LAKE RD., SUITE 600
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANDREW MARCUS, SECRETARY

SECY

04/28/2008

Electronic Signature of Signing Officer or Director

Date