


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006320**  
1. Entity Name  
**PALMER PARK PLAZA ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**6142 CLARK CENTER AVE**      **6142 CLARK CENTER AVE**  
**SARASOTA, FL 34238 US**      **SARASOTA, FL 34238 US**

**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-1019343</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**COOK, JOHN F ESQ.**  
**2033 WOOD ST.**  
**STE. 220**  
**SARASOTA, FL 34237**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTH, RICHARD C 6142 CLARK CENTER AVE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, EDWIN 8588 POTTER PARK DRIVE, SUITE 500 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, JUSTIN 8588 POTTER PARK DRIVE STE 500 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMBRECHT, SUSANN 6142 CLARK CENTER AVE. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/07-80043-004 61.25

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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: Richard C. Barth      **RICHARD C. BARTH**      4/3/07      941-922-3866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #