

**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
6142 CLARK CENTER AVE
SARASOTA, FL 34238 US

Mailing Address
6142 CLARK CENTER AVE
SARASOTA, FL 34238 US



03302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1019343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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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IN THIS SPACE**

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, 2007

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

10. OFFICERS AND DIRECTORS

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

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04/26/07-80043-004 61.25

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IN THIS SPACE**

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 #