

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006320

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: PALMER PARK PLAZA ASSOCIATION, INC.

**Current Principal Place of Business:**

6142 CLARK CENTER AVE  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

6142 CLARK CENTER AVE  
SARASOTA, FL 34238 US

**New Mailing Address:**

FEI Number: 65-1019343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, JOHN F ESQ.  
2033 WOOD ST.  
STE. 220  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

COOK, JOHN F ESQ.  
2033 WOOD ST.  
STE. 208  
SARASOTA, FL 34237 US

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:

03/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARTH, RICHARD C  
Address: 6142 CLARK CENTER AVE  
City-St-Zip: SARASOTA, FL 34238

Title: TD ( ) Delete  
Name: TURNER, EDWIN  
Address: 8588 POTTER PARK DRIVE, SUITE 500  
City-St-Zip: SARASOTA, FL 34238

Title: VPD ( ) Delete  
Name: POWELL, JUSTIN  
Address: 8588 POTTER PARK DRIVE STE 500  
City-St-Zip: SARASOTA, FL 34238

Title: SD ( ) Delete  
Name: AMBRECHT, SUSANN  
Address: 6142 CLARK CENTER AVE.  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: TURNER, EDWIN  
Address: 5589 MARQUESAS CIR # 201  
City-St-Zip: SARASOTA, FL 34233

Title: VPD (X) Change ( ) Addition  
Name: POWELL, JUSTIN  
Address: 5589 MARQUESAS CIR # 201  
City-St-Zip: SARASOTA, FL 34233

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: RICHARD C. BARTH

PD

03/12/2009

Electronic Signature of Signing Officer or Director

Date