

ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000085334

1. Entity Name

PALMWOOD APARTMENTS, INC.



Principal Place of Business

**1530 PASADENA AVE SOUTH
 SOUTH PASADENA FL 33707**

Mailing Address

**1530 PASADENA AVE SOUTH
 SOUTH PASADENA FL 33707**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-3680624**

Applied
 Not App

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRIANTAILOU, CHRISTODOULOS
 1530 PASADENA AVE SOUTH
 SOUTH PASADENA FL 33707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 consenting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00**
 Trust Fund Contribution. ☐ **Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
 NAME **TRIANTAILOU, CHRISTODOULOS**
 STREET ADDRESS **1530 PASADENA AVE SOUTH**
 CITY-STATE-ZIP **SOUTH PASADENA FL 33707**

TITLE **V** ☐ Delete
 NAME **TAKTIKOS, HRISTOS**
 STREET ADDRESS **1530 PASADENA AVE SOUTH**
 CITY-STATE-ZIP **SOUTH PASADENA FL 33707**

TITLE **VT** ☐ Delete
 NAME **TAKTIKOS, EKATERINI**
 STREET ADDRESS **1530 PASADENA AVE S**
 CITY-STATE-ZIP **SOUTH PASADENA FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
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 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: Christ Triantafyllou CHRISTODOULOS TRIANTAFILOU 4-22-06 727-341-17