

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S42956

1. Entity Name
PALMETTO PARK ASSOCIATES, INC.



FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 010 ***150.00

Principal Place of Business
**21301 POWERLINE RD
SUITE 312
BOCA RATON, FL 33433**

Mailing Address
**% SATHEN MANAGEMENT & DEVELOPMENT EP
P O BOX 11229
KNOXVILLE, TN 37939**



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3072339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11 ST WEST
TAMPA, FL 33604**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVIN, RICHARD
STREET ADDRESS	21301 POWERLINE ROAD SUITE #312
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VSD
NAME	RICE, SUZANNE L
STREET ADDRESS	1733 FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VSD
NAME	LEVIN, STEVEN
STREET ADDRESS	21301 POWERLINE RD STE 312
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	LEVIN, JILL
STREET ADDRESS	5410 HOMBERG DR STE A
CITY-ST-ZIP	KNOXVILLE, TN 37919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Levin, Treasurer

2/28/05

Date

Daytime Phone #