

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719649

Entity Name: PALM BAY ASSOCIATION, INC.**Current Principal Place of Business:**5960 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**Current Mailing Address:**5960 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**FEI Number:** 59-1368543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOBECK, DANIEL JESQ.
THE LAW OFFICES OF LOBECK & HANSON, P.A.
2033 MAIN STREET, SUITE 403
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	KAMM, PAMELA
Address	134 CONGRESS RUN ROAD
City-State-Zip:	WYOMING OH 45215

Title	TREASURER
Name	ALFONSO, JOSE
Address	11457 SW 7TH TERRACE
City-State-Zip:	SWEETWATER FL 33174

Title	SECRETARY
Name	SOMMER, BRIDGET
Address	6500 WOOD VAIL COURT
City-State-Zip:	LOUISVILLE KY 40241

Title	PD
Name	CONDON, FRANK
Address	5963 MIDNIGHT PASS RD #353
City-State-Zip:	SARASOTA FL 34242

Title	VP
Name	LANGHOUT, RICHARD
Address	8103 FAIRWAY DRIVE
City-State-Zip:	COLUMBUS OH 43235

I hereby 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 all other like empowered.

SIGNATURE: FRANK CONDON**PRESIDENT****01/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date