#### 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.

PRESIDENT

| Electronic Signature | of | Sianina | Officer/Director | Detail |
|----------------------|----|---------|------------------|--------|
|                      |    |         |                  |        |

SIGNATURE: MICHAEL HICKS

| Signing | Officer/Director | Detai |  |
|---------|------------------|-------|--|
|         |                  |       |  |

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 735608

Entity Name: THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:**

C/O SUITOR, MIDDLETON, COX & ASSOCIATES 15751 SAN CARLOS BLVD. #8 FORT MYERS, FL 33908

# **Current Mailing Address:**

C/O SUITOR, MIDDLETON, COX & ASSOCIATES 15751 SAN CARLOS BLVD. #8 FT MYERS, FL 33908 US

# FEI Number: 59-1671765

### Name and Address of Current Registered Agent:

SUITOR, MIDDLETON, COX & ASSOCIATES C/O SUITOR, MIDDLETON, COX & ASSOCIATES 15751 SAN CARLOS BLVD. #8 FT MYERS, FL 33908 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                 | WILLIAM P. COX   |                 |   |      |  |  |  |  |
|---------------------------|--|-----------------|---|------|--|--|--|--|
|                           | Electronic Signature of Registered Agent                                 |                 |   | Date |  |  |  |  |
| Officer/Director Detail : |  |                 |   |      |  |  |  |  |
| Title                     | SECRETARY  | Title           | PRESIDENT   |      |  |  |  |  |
| Name                      | HEINOLD, DEBORAH   | Name            | HICKS, MICHAEL  |      |  |  |  |  |
| Address                   | C/O SUITOR, MIDDLETON, COX &<br>ASSOCIATES<br>15751 SAN CARLOS BLVD. #8  | Address         | C/O SUITOR, MIDDLETON, COX &<br>ASSOCIATES<br>15751 SAN CARLOS BLVD. #8 |      |  |  |  |  |
| City-State-Zip:           | FT MYERS FL 33908  | City-State-Zip: | FT MYERS FL 33908   |      |  |  |  |  |
| Title                     | TREASURER  | Title           | VP  |      |  |  |  |  |
| Name                      | MORRIS, SUSAN  | Name            | MCKINNEY, MICHAEL   |      |  |  |  |  |
| Address                   | C/O SUITOR, MIDDLETON, COX &<br>ASSOCIATES<br>15751 SAN CARLOS BLVD. #8  | Address         | C/O SUITOR, MIDDLETON, COX &<br>ASSOCIATES<br>15751 SAN CARLOS BLVD. #8 |      |  |  |  |  |
| City-State-Zip:           | FT MYERS FL 33908  | City-State-Zip: | FT MYERS FL 33908   |      |  |  |  |  |
| Title                     | DIRECTOR   |                 |   |      |  |  |  |  |
| Name                      | ALDERMAN, DONNA  |                 |   |      |  |  |  |  |
| Address                   | C/O SUITOR, MIDDLETON, COX &<br>ASSOC. INC.<br>15751 SAN CARLOS BLVD. #8 |                 |   |      |  |  |  |  |
| City-State-Zip:           | FT. MYERS FL 33908   |                 |   |      |  |  |  |  |

Certificate of Status Desired: No

FILED Apr 13, 2023 Secretary of State 0185648947CC