

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745499

FILED
Jan 17, 2017
Secretary of State
CC2869433651**Entity Name:** THE PALMS OF ISLAMORADA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**79901 OVERSEAS HWY.
ISLAMORADA, FL 33036**Current Mailing Address:**PO BOX 370219
KEY LARGO, FL 33037 US**FEI Number: 59-1981338****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PATRIOT PROPERTY SERVICES
9800 DOCKSIDE DR.
KEY LARGO, FL 33037 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 VP, DIRECTOR
Name JOSEPH, BALENT
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037Title DIRECTOR
Name SAYLOR, RICHARD
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037Title PRESIDENT, DIRECTOR
Name WEISS, PATRICIA
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037Title DIRECTOR
Name FERRIS, GERALD
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037Title DIRECTOR, TREASURER
Name COKER, GEORGE
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037Title SECRETARY
Name SAGINS, ANNE
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037Title DIRECTOR
Name FENN, THOMAS
Address PO BOX 370219
City-State-Zip: KEY LARGO FL 33037

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: PATRICIA WEISS**PRESIDENT****01/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date