2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004683

Entity Name: THE SAVOY ON PALM CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 07, 2025
Secretary of State
3692525004CC

Current Principal Place of Business:

401 S. PALM AVE SARASOTA, FL 34236

Current Mailing Address:

401 S. PALM AVE SARASOTA, FL 34236

FEI Number: 20-3983649 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARASOTA FL 34236

CRICK, LAW, CPA 2425 MANATEE AVE W BRADENTON, FL 34205 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: CRICK, LAW, CPA 01/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title **TREASURER** RIVERA, RICHARD BLACKMORE, BRUCE Name Name 401 S PALM UNIT 702 Address 401 S. PALM AVE., UNIT 1102 Address City-State-Zip: SARASOTA FL 34236 SARASOTA FL 34236 City-State-Zip:

Title VP, SECRETARY Title DIRECTOR

Name HESKETT, JAMES Name ESFORMES, ALBERT

Address 401 S. PALM AVE., UNIT 902 Address 401 S. PALM AVE., UNIT 603

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

Title DIRECTOR Title MANAGER

Name GRIFFITHS. BRENDA Name VEAL, WILLIAM

Address 401 S PALM AVE. UNIT 703 Address C/O THE SAVOY ON PALM CONDO.

ASSOC., INC. 401 S. PALM AVE.

City-State-Zip: SARASOTA FL 34236

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: WILLIAM VEAL MANAGER 01/07/2025