

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009541

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**4685864866CC**

**Entity Name:** THE PALMS OF GAINESVILLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5522-B NW 43RD STREET  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5522-B NW 43RD STREET  
GAINESVILLE, FL 32653 US

**FEI Number: 26-2418860**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOSSHARDT PROPERTY MANAGEMENT, LLC  
5522-B NW 43RD STREET  
GAINESVILLE, FL 32653 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, TREASURER  
Name           NEWHOUSE, EILEEN  
Address        5522 NW 43RD ST  
City-State-Zip: GAINESVILLE FL 32653

Title           SECRETARY, DIRECTOR  
Name           RABI, SIMHA  
Address        5522 NW 43RD ST  
City-State-Zip: GAINESVILLE FL 32653

Title           PRESIDENT, DIRECTOR  
Name           BOAZIZ, RAMI  
Address        5522 NW 43RD ST  
City-State-Zip: GAINESVILLE FL 32653

*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: RAMI BOAZIZ**

**PRESIDENT**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date