

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16117

**Entity Name:** COURT OF PALMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

781 W ELKCAM CIRCLE  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

P O BOX 2397  
MARCO ISLAND, FL 34146 US

**FEI Number: 59-2840109**

**Certificate of Status Desired: No**

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

SPINNAKER CAY MANAGEMENT  
601 ELKCAM CIR. B-7  
MARCO ISLAND, FL 34145 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 D  
Name SCHMIDT, JOHN  
Address P.O BOX 16  
City-State-Zip: WHITE SULPHUR SPRINGS NY  
12787

Title O  
Name FERGUSON, ROBERT MR  
Address 781 W. ELKCAM CIRCLE, A-2  
City-State-Zip: MARCO ISLAND FL 34145

Title O  
Name SKALSKI, STEPHEN  
Address 791 W. ELKCAM CIRCLE, UNIT B2  
City-State-Zip: MARCO ISLAND FL 34145

Title D  
Name BORES, JOSEPH  
Address 10 MAPLE ST, SOUTH BEACH  
City-State-Zip: WHITE SULPHUR SPRINGS NY  
12787

Title O  
Name DIPONTI, FRANK  
Address 791 W. ELKCAM CIRCLE UNIT B-4  
City-State-Zip: MARCO ISLAND FL 34145

*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: JOSEPH BORES**

O

01/10/2017

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

\_\_\_\_\_  
Date