#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18517

Entity Name: PALMA SOLA SHORES CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2014
Secretary of State
CC5238381701

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

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

# **Current Mailing Address:**

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-2786993 Certificate of Status Desired: No

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

HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779 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: JAMES W HART JR 04/10/2014

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

 Title
 PRESIDENT, DIRECTOR
 Title
 VP, DIRECTOR

 Name
 CALL, MAUREEN
 Name
 HERDELL, MARY

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

TitleSECRETARY, DIRECTORTitleTREASURER, DIRECTORNameMAGIERA, DONNANameWHITNEY, HOWARD

 Address
 2180 WEST SR 434 STE 5000
 Address
 2180 WEST SR 434 STE 5000

 City-State-Zip:
 LONGWOOD FL 32779
 City-State-Zip:
 LONGWOOD FL 32779

Title DIRECTOR Title DIRECTOR

Name HOLLINS, EDWIN Name TROTTIER, SANDY

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

TitleDIRECTORTitleDIRECTORNameBLAIR, COLSONNameKIEFER, ELMAR

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000 City State Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

City-State-Zip: LONGWOOD FL 32779

### Continues on page 2

SIGNATURE: MAUREEN CALL PRESIDENT 04/10/2014

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.

# Officer/Director Detail Continued:

Title ASST. SECRETARY, DIRECTOR

Name BARG, SANDRA

Address 2180 WEST SR 434 STE 5000

City-State-Zip: LONGWOOD FL 32779