

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005924

Entity Name: THE PALMS COUNTRY CLUB AND RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7600 MYSTIC DUNES LANE
CELEBRATION, FL 34747**Current Mailing Address:**10600 W CHARLESTON BLVD
LAS VEGAS, NV 89135 US**FEI Number: 59-3543294****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, PRESIDENT
Name	GALE, LESLIE
Address	10600 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR
Name	TOSTE, JASON
Address	10600 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR, VP
Name	MARTIN, TERRY
Address	10600 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	DIRECTOR
Name	JONES, BELINDA (GLADYS)
Address	10600 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

Title	SECRETARY, TREASURER, DIRECTOR
Name	DRAVES, TOMMY
Address	10600 W CHARLESTON BLVD
City-State-Zip:	LAS VEGAS NV 89135

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: LESLIE GALE**PRESIDENT****02/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date