

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000024924

**Entity Name:** PALM PLAZA OF OKEECHOBEE, INC.

**Current Principal Place of Business:**

202 NE 2ND STREET  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

1750 N E 144 ST  
OKEECHOBEE, FL 34972 US

**FEI Number:** 65-0937158

**Certificate of Status Desired:** No

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

NEWMAN, CHRISTOPHER W  
1750 N E 144 ST  
OKEECHOBEE, FL 34972 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 P  
Name NEWMAN, CHRISTOPHER W  
Address 1750 N E 144 ST  
City-State-Zip: OKEECHOBEE FL 34972

Title VP  
Name NEWMAN, GAIL M  
Address 1750 N E 144 ST  
City-State-Zip: OKEECHOBEE FL 34972

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER NEWMAN

**PRESIDENT**

**02/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date