107 127TH AVE TREASURE ISI	AND, FL 33706		
Current Mai	ling Address:		
107 127TH A TREASURE	AVE. ISLAND, FL 33706		
FEI Number: 86-2315265		Certificate of Status Desired	
Name and A	ddress of Current Registered Agent:		
ARSENAULT, P 19535 GULF BI INDIAN SHORE			
The above name	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.
The above name SIGNATURE		stered office or regis	tered agent, or both, in the State of Florida.
		stered office or regis	tered agent, or both, in the State of Florida.
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent  Ctor Detail : PD	Title	VPD
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD LAURA LEE SPRINGATE	Title Name	VPD SPRINGATE, ANTHONY J 107 127TH AVE.
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD LAURA LEE SPRINGATE 107 127TH AVE.	Title Name Address	VPD SPRINGATE, ANTHONY J 107 127TH AVE.
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PD LAURA LEE SPRINGATE 107 127TH AVE. TREASURE ISLAND FL 33706	Title Name Address	VPD SPRINGATE, ANTHONY J 107 127TH AVE.
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PD LAURA LEE SPRINGATE 107 127TH AVE. TREASURE ISLAND FL 33706 STD	Title Name Address	VPD SPRINGATE, ANTHONY J 107 127TH AVE.

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: LAURA L. SPRINGATE

Electronic Signature of Signing Officer/Director Detail

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N2100000189

## Entity Name: PALMS AT THE PASS CONDOMINIUM ASSOCIATION, INC.

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

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## F

## N

FILED Feb 01, 2024 **Secretary of State** 5788199767CC

tus Desired: No

02/01/2024

Date

Date