

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90009 016 ****61.25

DOCUMENT # 720437

1. Corporation Name

PALMS ASSOCIATION OF ALTON ROAD, INC.

Principal Place of Business

1025 ALTON ROAD, APT. 508
APT 201
MIAMI BEACH FL 33139
US

Mailing Address

1025 ALTON ROAD, APT. 508
APT 201
MIAMI BEACH FL 33139
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 306 Alcazar Ave

Suite, Apt. #, etc.

27 Suite 303

28 City & State

Coral Gables Fla

Zip

Country

29 Fla

30 33134

3. Date Incorporated or Qualified

03/08/1971

4. FEI Number

59-2229952

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARICATO, JOHN
1025 ALTON RD
APT 409
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

Ross Berger

82 Street Address (P.O. Box Number is Not Acceptable)

1025 Alton Road #702

83

Miami Beach

84 City

FL

85 Zip Code
33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BERGER, ROSS
STREET ADDRESS 1025 ALTON RD APT 702
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME BRADY, DAN
STREET ADDRESS 1025 ALTON RD APT 205
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ DELETE

NAME ROSINSKI, RICHARD
STREET ADDRESS 1025 ALTON RD APT 208
CITY-ST-ZIP MIAMI BCH FL

TITLE ☒ DELETE

NAME CAMPOS, GIRLADO
STREET ADDRESS 1025 ALTON RD APT 401
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME RODRIGUEZ, CARLOS
STREET ADDRESS 1025 ALTON RD., APT 207
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME PEREZ, ISABEL
STREET ADDRESS 1025 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Treasurer / Director

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME Secretary Director

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99

305-430047 xt 21

CR2E037 (11/98)