2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2006 8:00 am Secretary of State

1. Entity Name PALMS ASSOCIATION OF ALTON R	OAD, INC.		07-05-2006 90003 004 ****61.25
Principal Place of Business 1025 ALTON ROAD, APT. 201 MIAMI BEACH, FL 33139 US	Mailing Address %-SPM-GROLIP INC 2500 NW 97TH AVE, STE MIAMI, FL -33172- US	200	
2. Principal Place of Business	3. Máiling Address	ON RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		06192006 Chg-NP CR2E037 (4/06)
City & State	MIAN BEA	ach, Fl	4. FEI Number Applied For . 59-2229952 Not Applicable
Zip Country	33/39	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current I	Registered Agent	Nome	7. Name and Address of New Registered Agent
ROSINSKI, RICHARD		Name	
1025 ALTON RD SUITE 208		Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH, FL 33139		City	I 7 in Code
		City	FL Zip Code
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	gistered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
	Pach	and Rosin	uski blic los
SIGNATURE elignation, typed of printed name of registered agent a		Registered Agent signature required	
Filing Fee is \$61.25 Due by September 6, 2006	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10. OFFICERS AND DIF			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TILE TD NAME BERGER, ROSS	ECTORS Delete		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE TD NAME BERGER, ROSS STREET ADDRESS 1025 ALTON ROAD, # 702		NAME 10	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 FARO JOSEPH BChange Addition 25 Aitua Rd #602
TITLE TD NAME BERGER, ROSS		NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 FARO JOSEPH BChange Addition 25 Alten Rd #602 AM: Bookh Fl 33139
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with effect the empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Proces