

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

07-05-2006 90003 004 \*\*\*\*61.25



**DOCUMENT # 720437**  
 1. Entity Name  
**PALMS ASSOCIATION OF ALTON ROAD, INC.**

Principal Place of Business  
 1025 ALTON ROAD,  
 APT. 201  
 MIAMI BEACH, FL 33139 US

Mailing Address  
~~% SPM GROUP INC~~  
 2500 NW 97TH AVE, STE 200  
 MIAMI, FL 33172- US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**1025 ALTON RD**  
 Suite, Apt. #, etc.  
**201**

06192006 Chg-NP CR2E037 (4/06)

City & State  
**MIAMI BEACH, FL**

4. FEI Number  
**59-2229952**

Applied For.  
 Not Applicable

Zip  
**33139**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROSINSKI, RICHARD**  
**1025 ALTON RD**  
**SUITE 208**  
**MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Richard Rosinski** **6/12/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, ROSS 1025 ALTON ROAD, # 702 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSINSKI, RICHARD 1025 ALTON RD, #208 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB CAFARO, JOSEPH 1025 ALTON RD #602 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>PERRIN-PERERA, CHRISTINE</del> <del>1025 ALTON RD #309</del> <del>MIAMI BEACH, FL 33139</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAFARO, JOSEPH 1025 ALTON RD., #602 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANIO, JOH 1025 ALTON RD #305 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CAFARO, JOSEPH 1025 Alton Rd #602 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Quilloden, IRMA 1025 Alton Rd #209 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Mehmei, Brian 1025 Alton Rd. # 703 Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson, DAVID 1025 Alton Rd. # 505 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hagley Roland 1025 Alton Rd # 604 Miami Beach FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D About Peter 1025 Alton Rd # 402 Miami Beach FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: **Richard Rosinski** **6-22-06** **305-2737978**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #