

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 06, 2009**  
**Secretary of State**

DOCUMENT# 726103

**Entity Name:** ROYAL PALMETTO CONDOMINIUM, INC.**Current Principal Place of Business:**6095 W 19 AVE  
HIALEAH, FL 33015**New Principal Place of Business:****Current Mailing Address:**NEIGHBORHOOD PROPERTY MANAGEMENT  
PO BOX 160310  
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 59-1576976      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DOMINGO, VERA  
6095 W 19 AVE APT# 410  
HIALEAH, FL 33012      US**Name and Address of New Registered Agent:**NEIGHBORHOOD PROPERTY MANAGEMENT  
2150 WEST 68 ST  
HIALEAH, FL 33016      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: NEIGHBORHOOD PROPERTY MANAGEMENT

11/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** VERA, DOMINGO  
**Address:** 6095 W 19 AVE APT# 410  
**City-St-Zip:** HIALEAH, FL 33012**Title:** VP      ( ) Delete  
**Name:** CARMONA, ALBA  
**Address:** 6095 W 19 AVE STE APT# 207  
**City-St-Zip:** HIALEAH, FL 33012**Title:** TD      ( ) Delete  
**Name:** O'FARRIL, CARIDAD  
**Address:** 6095 W 19 AVE APT # 210  
**City-St-Zip:** HIALEAH, FL 33012**Title:** D      ( ) Delete  
**Name:** GONZALEZ, PABLO  
**Address:** 6095 W 19 AVE APT # 319  
**City-St-Zip:** HIALEAH, FL 33012**Title:** D      ( ) Delete  
**Name:** VILLAS, NORKA  
**Address:** 6095 W 19 AVE APT # 212  
**City-St-Zip:** HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** TD      (X) Change ( ) Addition  
**Name:** CONDE, CECILIA  
**Address:** 6095 W 19 AVE APT# 410  
**City-St-Zip:** HIALEAH, FL 33012**Title:** PD      (X) Change ( ) Addition  
**Name:** CARMONA, ALBA  
**Address:** 6095 W 19 AVE STE APT# 207  
**City-St-Zip:** HIALEAH, FL 33012**Title:** SD      (X) Change ( ) Addition  
**Name:** O'FARRIL, CARIDAD  
**Address:** 6095 W 19 AVE APT # 210  
**City-St-Zip:** HIALEAH, FL 33012**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D      (X) Change ( ) Addition  
**Name:** SANTANA, NORKA  
**Address:** 6095 W 19 AVE APT # 212  
**City-St-Zip:** HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NEIGHBORHOOD PROPERTY MANAGEMENT

NPM

11/06/2009

Electronic Signature of Signing Officer or Director

Date