

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761846

FILED
Jan 05, 2008
Secretary of State

Entity Name: PALM PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PROPER MGMT
2131 NE 30TH ST
POMPANO BCH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2131 NE 30TH ST
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 59-2238253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPER MANAGEMENT
2131 NE 30TH ST
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HIGGINS, MONA LISA
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: PD () Delete
Name: WILHOIT, RON
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: D () Delete
Name: ZAHER, JOSEPH
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: SD () Delete
Name: GRIFFIN, CATHY
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: TD () Delete
Name: STAMPFL, MARIE
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: D () Delete
Name: CHANG, WALTER
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FERRER, MERIBEL
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ORTIZ, DEIDRA
Address: PO BOX 50364
City-St-Zip: POMPANO BEACH, FL 33074

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: BEN NOVEEN

MGR

01/05/2008

Electronic Signature of Signing Officer or Director

Date