

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 17, 2008 08:00 A  
Secretary of State

DOCUMENT # N05000009224

1. Entity Name

PALMETTO BAY VILLAGE I CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

9730 EAST HIBISCUS STREET  
SUITE C  
MIAMI, FL 33157

Mailing Address

9730 EAST HIBISCUS STREET  
SUITE C  
MIAMI, FL 33157



04112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0767687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPILL, JOY B  
9100 SO. DADELAND BLVD  
SUITE 504  
MIAMI, FL 33156

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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

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 May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BAUER, CHARLES R  
STREET ADDRESS 9730 EAST HIBISCUS STREET, SUITE C  
CITY-ST-ZIP MIAMI, FL 33157

TITLE SD  
NAME RAPANOS, JOHN  
STREET ADDRESS 9730 EAST HIBISCUS STREET, SUITE C  
CITY-ST-ZIP MIAMI, FL 33157

TITLE TD  
NAME PARSONS, ANTHONY  
STREET ADDRESS 9730 EAST HIBISCUS STREET, SUITE C  
CITY-ST-ZIP MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/30/08-80002-015 138.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #