
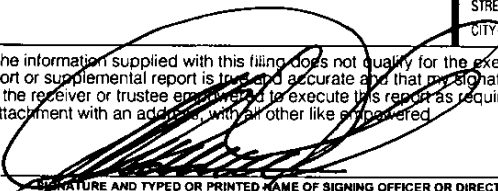


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 030 ****61.25

DOCUMENT # N06000005704			
1. Entity Name PALM ESTATES AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2240 57TH CIRCLE VERO BEACH, FL 32966		Mailing Address 2240 57TH CIRCLE VERO BEACH, FL 32966	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1209 U.S. HIGHWAY 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SEBASTIAN, FL	
Zip	Country	Zip 32958	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAIZARBITORIA, INAKI SCHLIETT PROPERTY MANAGEMENT 3240 CARDINAL DRIVE VERO BEACH, FL 32963		Name SCHLIETT PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1209 U.S. HIGHWAY 1 City SEBASTIAN FL Zip Code 32958	
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 <u>STEVEN R. SCHLIETT</u>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CERVERA, JAVIER JR. 1492 S. MIAMI AVE. MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAN MARTINEZ 21 SW 15TH RD. MIAMI, FL 33129-1101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FORERO, HERNANDO 21 SW 15TH RD. MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YP ALBERTO SIBLESZ, JR. 1000 BRICKELL AVE, STE 225 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAUMELL, DEISY 21 SW 15TH RD. MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MARIETTA FUSTE 7730 SW 70TH ST. MIAMI, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 		03/24/2008 (305)7043424	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	