FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23327 (2)

1. Corporation Name

THE PALMS ON THE CREEK CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2370 NE 135 ST S203 N MIAMI FL 33181 US	2370 NW 135 ST S203 N MIAMI FL 33181 US

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0175038 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOSCHETTI, JOSE RAMON
2901 SW 8 STREET, SUITE #204
SOUTH MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	BOSCHETTI, JOSE RAMON	12 NAME	
STREET ADDRESS	2901 SW 8 ST., #204	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	DP ☒ Change ☐ Addition
NAME	THEUNE, HANS	22 NAME	Watters, Chris
STREET ADDRESS	2370 NE 135 ST S304	23 STREET ADDRESS	2370 NE 135th St Apt 209
CITY-ST-ZIP	N MIAMI FL	24 CITY-ST-ZIP	N. Miami, FL 33181
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	MCCUNE, NANCY	32 NAME	
STREET ADDRESS	2370 NE 135 S206	33 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	McCormick, Wade
STREET ADDRESS		43 STREET ADDRESS	2370 NE 135th St Apt 408
CITY-ST-ZIP		44 CITY-ST-ZIP	N. Miami, FL 33181
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Pedro Leon
STREET ADDRESS		53 STREET ADDRESS	2370 NE 135th St Apt 201
CITY-ST-ZIP		54 CITY-ST-ZIP	N. Miami, FL 33181
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy McCune 4-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Nancy McCune — Daytime Phone Number: 305-621-6666

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