

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90014 046 ****61.25

DOCUMENT # N23327

1. Entity Name

THE PALMS ON THE CREEK CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

2370 NE 135TH STREET., #406
 NORTH MIAMI FL 33181
 US

2370 NE 135TH STREET., #406
 NORTH MIAMI FL 33181-3585
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0175038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Donna M. DeLong**
 Street Address (P.O. Box Numbers Not Acceptable) **2370 NE 135th St. Suite 209**
 City **N. Miami** FL Zip Code **33181**

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.

SIGNATURE *Donna M. DeLong* **Donna M. DeLong**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | GRUSKIN, ERICA | |
| STREET ADDRESS | 2370 NE 135TH STREET., #406 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | BOSCHETTI, JOSE R | |
| STREET ADDRESS | 2901 SW 8TH STREET., #204 | |
| CITY-ST-ZIP | MIAMI FL 33135 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | POLO, ISABEL | |
| STREET ADDRESS | 2370 NE 135TH STREET., #306 | |
| CITY-ST-ZIP | NORTH MIAMI FL 33181 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Donna M. DeLong | |
| STREET ADDRESS | 2370 NE 135th St. #209 | |
| CITY-ST-ZIP | N. Miami, FL 33181 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Honey Levine | |
| STREET ADDRESS | 2370 NE 135th St. #301 | |
| CITY-ST-ZIP | N. Miami, FL 33181 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Christian Nodal | |
| STREET ADDRESS | 2370 NE 135th St. #205 | |
| CITY-ST-ZIP | N. Miami, FL 33181 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Donna M. DeLong* **Donna M. DeLong**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

954-233-1533

DATE DAYTIME PHONE #