FROM : CW FAX NO. : 3052389337

FILED
Sep 08, 2005 8:00 am
Secretary of State
09-08-2005 90082 001 ****61.25
09-08-2005 90082 002 *****8.75

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007641

1. Entity Name
PALMETTO VILLAS ASSOCIATION, INC.

66027008

Principal Place of Business	Mailing Address
8389 N.W. 8TH STREET #4 MIAMI, FL 33126	8389 N.W. 8TH STREET #4 MIAMI, FL 33126

08242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0979281
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUERTES, LIBIA
8389 N.W. 8TH STREET
#4
MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

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 Libia Fuertes President 8/24/05
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FUERTES, LIBIA
STREET ADDRESS	8389 N.W. 8TH STREET #4
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	COBO, ARMANDO
STREET ADDRESS	8389 NW 8 ST., #12
CITY ST ZIP	MIAMI, FL 33126
TITLE	SD
NAME	CARRANZA, LIDIA
STREET ADDRESS	8389 N.W. 8TH STREET #4
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Libia Fuertes President 8/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #