

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007641 1. Entity Name PALMETTO VILLAS ASSOCIATION, INC.					
Principal Place of Business 8389 N.W. 8TH STREET #4 MIAMI, FL 33126			Mailing Address 8389 N.W. 8TH STREET #4 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0979281	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FUERTES, LIBIA 8389 N.W. 8TH STREET #4 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD FUERTES, LIBIA 8389 N.W. 8TH STREET #4 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBO, ARMANDO 8389 NW 8 ST., #12 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRANZA, LIDIA 8389 N.W. 8TH STREET #4 MIAMI, FL 33126	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <i>Libia Fuertes</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7-31-06 Daytime Phone # (305) 220-1715					