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 24 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727657** **(9)**

1. Corporation Name

PALMETTO GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MIGUEL BADIAS 6125 W 20TH AVE #211 HIALEAH FL 33012	6125 WEST 20 AVENUE SUITE 209 HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1973
3a. Date of Last Report: 07/25/1994
4. FEI Number: 59-1526399 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 c/o The TimberLake Group	26 5050 N.W. 74 Ave
22 Suite, Apt. #, etc. 5050 NW 74th Ave	27 Suite, Apt. #, etc.
23 City & State Miami, FL.	28 City & State Miami, FL.
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

LUIS M. PARDRON, ESQ
1402 MIAMI CENTER
201 S. BISCAYNE BLVD
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P ☐ Change ☒ Addition
NAME	GERBONE, SANTA P.	1.2 NAME	TEJEDA, MANUEL
STREET ADDRESS	6125 WEST 20 AENUE	1.3 STREET ADDRESS	6125 West 20 Avenue Apt. 207
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	COLINA, MANUEL	2.2 NAME	Gloria Vera
STREET ADDRESS	6125 WEST 20 AVENUE, #102	2.3 STREET ADDRESS	6125 West 20 Ave Apt 109
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Hialeah, Fla. 33015
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, MARIA G.	3.2 NAME	
STREET ADDRESS	6125 WEST 20 AVENUE, #103	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	PEDRO, ORTA	4.2 NAME	800001464628
STREET ADDRESS	6125 WEST 20 AENUE, #305	4.3 STREET ADDRESS	-04/26/95--01015--003
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	****138.75 ****138.75
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, FEDERICO	5.2 NAME	
STREET ADDRESS	6125 WEST 20 AVENUE, #302	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, ANA	6.2 NAME	
STREET ADDRESS	6125 WEST 20 AVENUE, #215	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 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: Santa P Gerbone VP President 1-21-95 305-557-0389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0037606