

FILE NOW: FILING FEE IS \$61.25

IN
4014

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90129 017 ****61.25

0033952

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728625

1. Corporation Name

THE PALMS OF KEY BISCAYNE-A CONDOMINIUM, INC.

Principal Place of Business

275 FONTAINE BLEAU
SUITE #200
MIAMI FL 33172
US

Mailing Address

275 FONTAINE BLEAU BLVD
200
MIAMI FL 33127
US

19943 - 90129 - 17



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/09/1974

4. FEI Number

59-1512753

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

9. Name and Address of Current Registered Agent

ALVAREZ, NESTOR
3971 S.W. 8TH STREET APT. #209
CORAL GABLES FL 33134

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DRENNAN, JAMES
STREET ADDRESS 77 CRANDON BLVD. APT#7-D
CITY-ST-ZIP KEY BISCAYNE FL

TITLE TD
NAME SIMONI, NANCY
STREET ADDRESS 77 CRANDON BLVD. APT#6A
CITY-ST-ZIP KEY BISCAYNE FL

TITLE VP
NAME MUZAURIETA, JOSE
STREET ADDRESS 77 CRANDON BLVD #4-A
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE SD
NAME SIMONI, NANCY
STREET ADDRESS 77 CRANDON BLVD #6-A
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE SD
NAME SIMONI, NANCY
STREET ADDRESS 77 CRANDON BLVD APT #6A
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D
NAME RADZILLE, LAWRENCE
STREET ADDRESS 77 CRANDON BLVD #8-C
CITY-ST-ZIP KEY BISCAYNE FL 33149

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 (305) 361-1250
Date Daytime Phone #

CR2E037 (11/98)