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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90016 007 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N23327

1. Corporation Name

THE PALMS ON THE CREEK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2370 NE 135TH STREET.. #406
NORTH MIAMI FL 33181
US

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/04/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0175038

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **GRUSKIN, ERICA**
STREET ADDRESS **2370 NE 135TH STREET., #406**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **VD** ☐ DELETE

NAME **BOSCHETTI, JOSE R**
STREET ADDRESS **2901 SW 8TH STREET., #204**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **SD** ☐ DELETE

NAME **POLO, ISABEL**
STREET ADDRESS **2370 NE 135TH STREET., #306**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE **TD** ☒ DELETE

NAME **MARTINEZ, MAURICIO**
STREET ADDRESS **2370 NE 135TH STREET., #404**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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
ERICA GRUSKIN

3/12/99

305-579-0800 x.2554

CR2E037 (1/98)