


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90160 010 ****61.25

DOCUMENT # N93000002871					
1. Entity Name PALM VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8095 NW 12 ST 4TH FLOOR MIAMI, FL 33126			Mailing Address 8095 NW 12 ST 4TH FLOOR MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent SKLRD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME SOLOM, HENRY		TITLE P	NAME Solom, Henry	
STREET ADDRESS 8095 NW 12 ST, 4TH FLOOR	CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS 8095 NW 12 ST, 4TH FL.	CITY-ST-ZIP Miami, FL 33126	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correction</i>		
TITLE S	NAME VALLIM, MARYBET		TITLE S	NAME Vallina, Marybet	
STREET ADDRESS 8095 NW 12 ST, 4TH FLOOR	CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS 8095 NW 12 ST, 4TH FL.	CITY-ST-ZIP Miami, FL 33126	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correction</i>		
TITLE V	NAME SALOM, ALINA		TITLE V	NAME Solom, Alina	
STREET ADDRESS 8095 NW 12 ST, 4TH FLOOR	CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS 8095 NW 12 ST, 4TH FL.	CITY-ST-ZIP Miami, FL 33126	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correction</i>		
TITLE V	NAME ROJAS, ANAIS		TITLE V	NAME 	
STREET ADDRESS 8095 NW 12 ST, 4TH FLOOR	CITY-ST-ZIP MIAMI, FL 33126		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____			Date 3/7/05 Daytime Phone # 305 470-8585		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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4. FEI Number **30-24477104** Applied For ☒ Not Applicable ☐

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