


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 039 ****61.25

DOCUMENT # 728625 1. Entity Name THE PALMS OF KEY BISCAIYNE-A CONDOMINIUM, INC.					
Principal Place of Business 77 CRANDON BLVD KEY BISCAIYNE, FL 33149 US			Mailing Address 77 CRANDON BLVD KEY BISCAIYNE, FL 33149 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1512753				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESEARCH MGMT CORP 104 CRANDON BLVD STE 409 KEY BISCAIYNE, FL 33149			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 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 NAME STREET ADDRESS CITY-ST-ZIP	P LARRAUZI, JORGE 77 CRANDON BLVD #98 KEY BISCAIYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sharyn Brotz 77 Crandon Blvd, #6D Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUZAUARIETA, JOSE 275 FONTAINEBLEAU BLVD #200 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Luis Pando 77 Crandon Blvd, #5A Key Biscayne, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAGUARDIA, RUDOLPHO 77 CRANDON BLVD 4-E KEY BISCAIYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROCCI, BARBARA 77 CRANDON BLVD 10-A KEY BISCAIYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary GARIBOLDI, VICTOR 77 CRANDON BLVD #9A KEY BISCAIYNE, FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					