

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90070 049 *****75.00

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1. Entity Name

PALM TOWERS/PALM COURT RESIDENT ASSOCIATION, INC.



Principal Place of Business

930 NW 95TH ST., A-
STE 305
MIAMI FL 33150

Mailing Address

930 NW 95TH ST., A-
STE 305
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

36-4218616

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELAM, ELLA
930 NW 95TH ST
#305
MIAMI FL 33150

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ELAM, ELLA	
STREET ADDRESS	930 NW 95 STREET APT 305	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, ABAD	
STREET ADDRESS	930 NW 95 STREET APT 604	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE	DS	<input type="checkbox"/> Delete
NAME	DESTINE, BOBBIE	
STREET ADDRESS	950 NW 95TH ST STE 504	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE	T	<input type="checkbox"/> Delete
NAME	REID, ALICE	
STREET ADDRESS	950 NW 95ST APT 204	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE	DCS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	930 W 95 APT 215	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle Sylvester	
STREET ADDRESS	950 n.w. 95th St. #506	
CITY-ST-ZIP	Miami, Fl. 33150	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deerlyn Stepherson	
STREET ADDRESS	950 n.w. 95th St. #606	
CITY-ST-ZIP	Miami, Fl. 33150	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ella Elam, President

1-31-06-(305) 694-3074