


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002871</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SKLRD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLUM, HENRY 8095 NW 12 ST, 4TH FLOOR MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALLIMA, MARYBET 8095 NW 12 ST, 4TH FLOOR MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALUM, ALINA 8095 NW 12 ST, 4TH FLOOR MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROJAS, ANAIS 8095 NW 12 ST, 4TH FLOOR MIAMI, FL 33126	
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 exemptions contained in Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/28/06</b> <b>305-470-8585</b> <small>Date Daytime Phone #</small>



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2447764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

1100000455612  
03/15/06-80066-005 150.00

**DO NOT WRITE  
IN THIS SPACE**