


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 709774 1. Entity Name PALM BAY CONDOMINIUM, INC.			FILED 07 OCT -1 PM 1:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 770 N.E. 69TH STREET MIAMI, FL 33138 US		Mailing Address 770 N.E. 69TH STREET MIAMI, FL 33138 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		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 _____			
Amended AR is \$61.25		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: D NAME: GANATRA, GIGI STREET ADDRESS: 770 N.E. 69TH STREET, # 6I CITY-ST-ZIP: MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: MATHISEN, WILLIAM STREET ADDRESS: 770 N.E. 69TH STREET, # 2F CITY-ST-ZIP: MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: TIPETT, SUSAN STREET ADDRESS: 770 NE 69TH ST #7H CITY-ST-ZIP: MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LOVELAND, KATHERINE STREET ADDRESS: 770 NE 69TH ST #2H CITY-ST-ZIP: MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CONE, OWEN STREET ADDRESS: 770 N.E. 69TH STREET, # 6D CITY-ST-ZIP: MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: SHEILA KINSER STREET ADDRESS: 770 N.E. 69TH STREET 1G1H CITY-ST-ZIP: MIAMI, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <i>William E. Mathisen</i>		Date: <i>9/17/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

305-759-2455
9/17/07