# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N23327

1. Entity Name
THE PALMS ON THE CREEK CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2370 NE 135TH STREET, #209<br>NORTH MIAMI, FL 33181 US | 2370 NE 135TH STREET, #209<br>NORTH MIAMI, FL 33181 US |

01062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0175038
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELONG, DONNA M
2370 NE 135TH STREET, #209
NORTH MIAMI, FL 33181

**DO NOT WRITE IN THIS SPACE**

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 Donna M. DeLong 1/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | SEIDEL, BARBARA |
| STREET ADDRESS | 2370 NE 135TH STREET, #401 |
| CITY-ST-ZIP | NORTH MIAMI, FL 33181 |
| TITLE | DT |
| NAME | DELONG, DONNA M |
| STREET ADDRESS | 2370 NE 135TH STREET, #209 |
| CITY-ST-ZIP | NORTH MIAMI, FL 33181 |
| TITLE | D |
| NAME | BOURNE, ROBERT |
| STREET ADDRESS | 2370 NE 135TH STREET, #204 |
| CITY-ST-ZIP | NORTH MIAMI, FL 33181 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000786204
01/17/08-80031-009 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Donna M. DeLong Donna M. DeLong Secretary/Treasurer 1/14/08 954-478-6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #