

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 030 ****61.25

DOCUMENT # N04000003687					
1. Entity Name PALM COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10755 SW 108 AVE MIAMI, FL 33176-- US			Mailing Address 14275 SW 142 AVE MIAMI, FL 33186		
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	4. FEI Number 20-1961423	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUPPRANT, HARDID B 28 W FLAGLER STREET #201 MIAMI, FL 33130-1510			7. Name and Address of New Registered Agent Corporation Company of Miami (DAP) Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD. SUITE 1500 City MIAMI FL Zip Code 33131		
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 <u>XBY [Signature]</u> DATE <u>1-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 PD	NAME MACGREGOR, DEBRA	STREET ADDRESS 10755 SW 108 AVE #107	CITY-ST-ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE President
NAME MACGREGOR, DEBRA	STREET ADDRESS 10755 SW 108 AVE #107	CITY-ST-ZIP MIAMI, FL 33176	NAME Boisvert, Richard		
STREET ADDRESS 10755 SW 108 AVE #107	CITY-ST-ZIP MIAMI, FL 33176	STREET ADDRESS 10785 SW 108 AVE. #201.			
CITY-ST-ZIP MIAMI, FL 33176	CITY-ST-ZIP MIAMI, FL 33176				
TITLE T	NAME DUCKARDT, RICHARD	STREET ADDRESS 10785 SW 108 AVE #106	CITY-ST-ZIP MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE Director
NAME DUCKARDT, RICHARD	STREET ADDRESS 10785 SW 108 AVE #106	CITY-ST-ZIP MIAMI, FL 33176	NAME Diemunsch, Patricia		
STREET ADDRESS 10785 SW 108 AVE #106	CITY-ST-ZIP MIAMI, FL 33176	STREET ADDRESS 11819 SW 97 STREET			
CITY-ST-ZIP MIAMI, FL 33176	CITY-ST-ZIP MIAMI, FL 33186				
TITLE S	NAME DELMAZO, OSCAR	STREET ADDRESS 10795 SW 108 AVE #108	CITY-ST-ZIP MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE VP
NAME DELMAZO, OSCAR	STREET ADDRESS 10795 SW 108 AVE #108	CITY-ST-ZIP MIAMI, FL 33176	NAME Del mazo, Oscar		
STREET ADDRESS 10795 SW 108 AVE #108	CITY-ST-ZIP MIAMI, FL 33176	STREET ADDRESS 10795 SW 108 AVE. # 306			
CITY-ST-ZIP MIAMI, FL 33176	CITY-ST-ZIP MIAMI, FL 33176				
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE
NAME 	STREET ADDRESS 	CITY-ST-ZIP 	NAME Goveia, Jerome		
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 10795 SW 108 AVE. # 306			
CITY-ST-ZIP 	CITY-ST-ZIP MIAMI, FL 33176				
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE
NAME 	STREET ADDRESS 	CITY-ST-ZIP 	NAME Tagones, Waldo		
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 1842 SW 142 Ct.			
CITY-ST-ZIP 	CITY-ST-ZIP MIAMI, FL 33175				
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: <u>X [Signature]</u> RICHARD P. BOISVERT, PRES. 1/27/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					