

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 28, 2008  
Secretary of State**

DOCUMENT# 726103

Entity Name: ROYAL PALMETTO CONDOMINIUM, INC.

**Current Principal Place of Business:**6095 W. 19TH AVENUE  
HIALEAH, FL 33012**New Principal Place of Business:**6095 W 19 AVE  
HIALEAH, FL 33015**Current Mailing Address:**18590 NW 67 AVE  
#200B  
HIALEAH, FL 33015**New Mailing Address:**NEIGHBORHOOD PROPERTY MANAGEMENT  
PO BOX 160310  
HIALEAH, FL 33016

FEI Number: 59-1576976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**YELBA, VALDEZ  
6095 W 19 AVE 311  
HIALEAH, FL 33015 US**Name and Address of New Registered Agent:**DOMINGO, VERA  
6095 W 19 AVE APT# 410  
HIALEAH, FL 33012 US

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.

SIGNATURE: DOMINGO VERA

08/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: VAIDEZ, YELBA  
Address: 6095 W 19 AVE 311  
City-St-Zip: HIALEAH, FL 33012Title: VPD ( ) Delete  
Name: ALVAREZ, JOSE  
Address: 6095 W 19 AVE STE 314  
City-St-Zip: HIALEAH, FL 33012Title: TD ( ) Delete  
Name: O'FARRIL, CARIDAD  
Address: 6095 W 19 AVE 310  
City-St-Zip: HIALEAH, FL 33012Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: VERA, DOMINGO  
Address: 6095 W 19 AVE APT# 410  
City-St-Zip: HIALEAH, FL 33012Title: VP (X) Change ( ) Addition  
Name: CARMONA, ALBA  
Address: 6095 W 19 AVE STE APT# 207  
City-St-Zip: HIALEAH, FL 33012Title: TD (X) Change ( ) Addition  
Name: O'FARRIL, CARIDAD  
Address: 6095 W 19 AVE APT # 210  
City-St-Zip: HIALEAH, FL 33012Title: D ( ) Change (X) Addition  
Name: GONZALEZ, PABLO  
Address: 6095 W 19 AVE APT # 319  
City-St-Zip: HIALEAH, FL 33012Title: D ( ) Change (X) Addition  
Name: VILLAS, NORKA  
Address: 6095 W 19 AVE APT # 212  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: //DOMINGO VERA

PD

08/28/2008

Electronic Signature of Signing Officer or Director

Date