

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 19, 2009  
Secretary of State**

DOCUMENT# 709774

Entity Name: PALM BAY CONDOMINIUM, INC.

**Current Principal Place of Business:**770 N.E. 69TH STREET  
MIAMI, FL 33138 US**New Principal Place of Business:****Current Mailing Address:**770 N.E. 69TH STREET  
MIAMI, FL 33138 US**New Mailing Address:**

FEI Number: 59-1112308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**BAKALAR & EICHNER  
150 S. PINE ISLAND RD.  
SUITE 540  
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**HYMAN SPECTOR & MARS LLP  
150 WEST FLAGLER STREET  
TWENTY-SEVENTH FLOOR  
MIAMI, FL 33130 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: MICHAEL HYMAN

06/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: GANATRA, GIGI  
Address: 770 N.E. 69TH STREET, # 6I  
City-St-Zip: MIAMI, FL 33138 USTitle: P ( ) Delete  
Name: SHEILA, KINSER  
Address: 770 N.E. 69TH STREET, # 1G1H  
City-St-Zip: MIAMI, FL 33138 USTitle: D ( ) Delete  
Name: DUFOUR, RICK  
Address: 770 NE 69TH ST #3E  
City-St-Zip: MIAMI, FL 33138 USTitle: T VP ( ) Delete  
Name: LOVELAND, KATHERINE  
Address: 770 NE 69TH ST #2H  
City-St-Zip: MIAMI, FL 33138 USTitle: S ( ) Delete  
Name: MOSHOLDER, CORINA  
Address: 770 N.E. 69TH STREET 8B  
City-St-Zip: MIAMI, FL 33138**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHERINE LOVELAND

VP

06/19/2009

Electronic Signature of Signing Officer or Director

Date