

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 08, 2009**  
**Secretary of State**

DOCUMENT# N04000003687

**Entity Name:** PALM COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**14275 SW 142 AVE  
MIAMI, FL 33186 US**New Principal Place of Business:****Current Mailing Address:**14275 SW 142 AVE  
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 20-1961423**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CUEVAS, ANDREW  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**SHUTTS & BOWEN LLP  
1500 MIAMI CENTER 201 SOUTH BISCAYNE BLVD  
MIAMI, FL 33131 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: SHUTTS &amp; BOWEN

09/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** BOISVERT, RICHARD  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186 US**Title:** T ( ) Delete  
**Name:** GOVEIA, JEROME  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186 US**Title:** VP ( ) Delete  
**Name:** DEL MAZO, OSCAR  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186 US**Title:** D ( ) Delete  
**Name:** DIEMUNSCH, PATRICIA  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186**Title:** S ( ) Delete  
**Name:** TAPANES, WALDO  
**Address:** 14275 SW 142 AVE  
**City-St-Zip:** MIAMI, FL 33186**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: RICHARD BOISVERT

P

09/08/2009

Electronic Signature of Signing Officer or Director

Date