

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 06, 2009
Secretary of State**

DOCUMENT# 726103

Entity Name: ROYAL PALMETTO CONDOMINIUM, INC.

Current Principal Place of Business:6095 W 19 AVE
HIALEAH, FL 33015**New Principal Place of Business:****Current Mailing Address:**NEIGHBORHOOD PROPERTY MANAGEMENT
PO BOX 160310
HIALEAH, FL 33016**New Mailing Address:**

FEI Number: 59-1576976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DOMINGO, VERA
6095 W 19 AVE APT# 410
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**NEIGHBORHOOD PROPERTY MANAGEMENT
2150 WEST 68 ST
HIALEAH, FL 33016 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: NEIGHBORHOOD PROPERTY MANAGEMENT

11/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: VERA, DOMINGO
Address: 6095 W 19 AVE APT# 410
City-St-Zip: HIALEAH, FL 33012Title: VP () Delete
Name: CARMONA, ALBA
Address: 6095 W 19 AVE STE APT# 207
City-St-Zip: HIALEAH, FL 33012Title: TD () Delete
Name: O'FARRIL, CARIDAD
Address: 6095 W 19 AVE APT # 210
City-St-Zip: HIALEAH, FL 33012Title: D () Delete
Name: GONZALEZ, PABLO
Address: 6095 W 19 AVE APT # 319
City-St-Zip: HIALEAH, FL 33012Title: D () Delete
Name: VILLAS, NORKA
Address: 6095 W 19 AVE APT # 212
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TD (X) Change () Addition
Name: CONDE, CECILIA
Address: 6095 W 19 AVE APT# 410
City-St-Zip: HIALEAH, FL 33012Title: PD (X) Change () Addition
Name: CARMONA, ALBA
Address: 6095 W 19 AVE STE APT# 207
City-St-Zip: HIALEAH, FL 33012Title: SD (X) Change () Addition
Name: O'FARRIL, CARIDAD
Address: 6095 W 19 AVE APT # 210
City-St-Zip: HIALEAH, FL 33012Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: SANTANA, 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: NEIGHBORHOOD PROPERTY MANAGEMENT

NPM

11/06/2009

Electronic Signature of Signing Officer or Director

Date