Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered. SIGNATURE: RICHARD ROSINSKI

PRESIDENT	

07/1	3/20	15

07/13/2015 Date

FRANK WOLLAND 12865 WEST DIXIE HIGHWAY 2ND FLOOR NORTH MIAMI, FL 33161 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.

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# 720437

Entity Name: PALMS ASSOCIATION OF ALTON ROAD, INC.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD **SUITE 3760** MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BLVD 3760 MIAMI, FL 33131 US

FEI Number: 59-2229952

Name and Address of Current Registered Agent:

SIGNATURE	IGNATURE: RICHARD ROSINSKI				
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	Р	Title	DIRECTOR		
Name	ROSINSKI, RICHARD	Name	HEATON, DANIEL		
Address	2 SOUTH BISCAYNE BLVD SUITE 3760	Address	2 SOUTH BISCAYNE BLVD SUITE 3760		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		
Title	SECRETARY	Title	VP		
Name	DIEZ, CARLOS	Name	CAFARO, JOESPH		
Address	2 SOUTH BISCAYNE BLVD SUITE 3760	Address	2 SOUTH BISCAYNE BLVD SUITE 3760		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		
Title	DIRECTOR	Title	DIRECTOR		
Name	FRAWLEY, PETER	Name	COO, LETICIA		
Address	2 SOUTH BISCAYNE BLVD SUITE 3760	Address	2 SOUTH BISCAYNE BLVD SUITE 3760		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33132		
Title	DIRECTOR	Title	DIRECTOR		
Name	MORRONE, ANTHONY	Name	NESTOR, ELLEN		
Address	2 SOUTH BISCAYNE BLVD SUITE 3760	Address	2 SOUTH BISCAYNE BLVD SUITE 3760		
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		
		Continues on page 2			

I hereby 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

Certificate of Status Desired: No

FILED Jul 13, 2015 Secretary of State CC8307282602

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	ROBBINS, JASON
Address	2 SOUTH BISCAYNE BLVD SUITE 3760
City-State-Zip:	MIAMI FL 33131