

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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.*

**SIGNATURE:** RICHARD ROSINSKI

07/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROSINSKI, RICHARD  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

Title SECRETARY  
Name DIEZ, CARLOS  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name FRAWLEY, PETER  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name MORRONE, ANTHONY  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name HEATON, DANIEL  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

Title VP  
Name CAFARO, JOESPH  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name COO, LETICIA  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name NESTOR, ELLEN  
Address 2 SOUTH BISCAYNE BLVD  
SUITE 3760  
City-State-Zip: MIAMI FL 33131

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*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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD ROSINSKI

**PRESIDENT**

07/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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