

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728625

Entity Name: THE PALMS OF KEY BISCAYNE-A CONDOMINIUM, INC.**Current Principal Place of Business:**77 CRANDON BLVD
KEY BISCAYNE, FL 33149**Current Mailing Address:**1801 CORAL WAY
STE. 305
MIAMI, FL 33145 US**FEI Number:** 59-1512753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CERTIFIED PROPERTY MANAGEMENT CORPORATION
1801 CORAL WAY
STE. 305
MIAMI, FL 33145 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	HALLCROFT, MATY
Address	C/O CPM CORP. 1801 CORAL WAY #305
City-State-Zip:	MIAMI FL 33145

Title	PRESIDENT
Name	GARIBOLDI, GERARDO
Address	C/O CERTIFIED PROPERTY MANAGEMENT 1801 CORAL WAY #305
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	BRITO, ARTHUR
Address	C/O CERTIFIED PROPERTY MGMT 1801 CORAL WAY SUITE 305
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	DE LA GUARDIA, RODOLFO
Address	C/O CERTIFIED PROPERTY MANAGEMENT 1801 CORAL WAY #305
City-State-Zip:	MIAMI FL 33145

Title	DIRECTOR
Name	BROTZ, SHARYN
Address	C/O CERTIFIED PROPERTY MGMT 1801 CORAL WAY SUITE 305
City-State-Zip:	MIAMI FL 33145

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: GARIBOLDI , GERARDO**PRESIDENT****03/26/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date