2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am **Secretary of State DOCUMENT # 717214** 1. Entity Name 02-17-2004 90001 035 ****61.25 PALMVIEW CONDOMINIUM APARTMENTS, INC. Principal Place of Business Mailing Address 1824 MONROE ST 1824 MONROE ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 1824 Monroe St. 1824 Monroe St. Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Je. ollywoo allyu 59-1420909 Not Applicable 33020 \$8.75 Additional 5. Certificate of Status Desired 33020 11.8 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent armichae V PIERSIG 1824 MONROE ST SUITE 2 HOLLYWOOD FL 33020 Zip Code 330え0 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Agnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 John P. Ferris Change 1824 Monroe \$+ Apt 4 Hollywood, Il. 33020 TITLE **☒** Delete TATLE FERRIA, JOHN P D NAME NAME 1824 MONROE ST 4 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP Peter Trenca Change 1824 Monroe St. Apt 3 🔀 Delete TITLE TITLE TRENCA, PETER NAME NAME Hollywood, Il. 33020 W. Lee Carmichael Change Addition 1824 Monroe 8t. Apt 1. Hollywood, Il. 33020 1824 MONROE ST. 3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE \$-7 Delete CHAEL: LEE'C -- ----NAME NAME 1824 MONROE ST. 1 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.

OFFICER OR DIRECTOR

FILED