



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90051 011 ****70.00

DOCUMENT # 717810					
1. Entity Name PORT-O-PALMS CONDOMINIUM B INC.					
Principal Place of Business 96341 9D HWY ISLAMORADA, FL 33036		Mailing Address 18441 SW 92 PLACE MIAMI, FL 33157		 01152006 Chg-NP CR2E037 (11/05)	
2. Principal Place of Business 90341 Old Hwy		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Islamorada FL		City & State		4. FEI Number 59-1294113	
Zip 33036		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUNDY, WILLIAM 18441 SW 92 PLACE MIAMI, FL 33157			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST LUNDY, DENISE	<input type="checkbox"/> Delete	TITLE	ST Lundy, Denise	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18441 SW 92 LANE		NAME	18441 SW 92 Plce	
STREET ADDRESS	MIAMI, FL 33157		STREET ADDRESS	MIAMI FL 33157	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD GAJEWSKI, VICKILYNN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	90341 OLD-HIGHWAY		NAME		
STREET ADDRESS	TAVERNIER, FL 33070		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P LUNDY, WILLIAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18441 SW 92 PLACE		NAME		
STREET ADDRESS	MIAMI, FL 33157		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>William Lundy</i>			Date: 1-17-06 Daytime Phone #: 305-804-7778		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					