


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # 717810

1. Entity Name
PORT-O-PALMS CONDOMINIUM B INC.



| | |
|---|---|
| Principal Place of Business 90341 OLD HWY. ISLAMORADA, FL 33036 | Mailing Address 18441 SW 92 PLACE MIAMI, FL 33157 |
|---|---|

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1294113 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LUNDY, WILLIAM
 18441 SW 92 PLACE
 MIAMI, FL 33157

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|------------------------------------|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LUNDY, DENISE 18441 SW 92ND PLACE MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WALDAU, SHAWNA 1665 N W 42 STREET FT. LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUNDY, WILLIAM 18441 SW 92 PLACE MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/14/08-80004-004 70.00

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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: William Lundy **1-3-08** **305-252-9501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #