


**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
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**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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LUNDY, WILLIAM  
 18441 SW 92 PLACE  
 MIAMI, FL 33157

**DO NOT WRITE IN THIS SPACE**

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)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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**DO NOT WRITE IN THIS SPACE**

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 #