

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717810

FILED  
Jan 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

90341 OLD HWY.  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

90341 OLD HWY.  
ISLAMORADA, FL 33070

**Current Mailing Address:**

18441 SW 92 PLACE  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 59-1294113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LUNDY, WILLIAM  
18441 SW 92 PLACE  
MIAMI, FL 33157      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: ST      ( ) Delete  
Name: LUNDY, DENISE  
Address: 18441 SW 92ND PLACE  
City-St-Zip: MIAMI, FL 33157

Title: VD      ( ) Delete  
Name: WALDAU, SHAWNA  
Address: 1665 N W 42 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: P      ( ) Delete  
Name: LUNDY, WILLIAM  
Address: 18441 SW 92 PLACE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: WALDAU, SHAWNA  
Address: 1665 N W 42 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENISE LUNDY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

01/11/2009

\_\_\_\_\_  
Date