


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/28/2008-90001-027-\$61.25-\$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 24 PM 2:25

DOCUMENT # 720437 1. Entity Name PALMS ASSOCIATION OF ALTON ROAD, INC.					
Principal Place of Business 1025 ALTON ROAD, APT. 201 MIAMI BEACH, FL 33139 US			Mailing Address 1025 ALTON ROAD, APT. 201 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROSINSKI, RICHARD 1025 ALTON RD SUITE 208 MIAMI BEACH, FL 33139				Name <i>Reliable Property Management Services Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>18590 NW 67 Ave # 200P</i> City <i>Miami</i> FL Zip Code <i>3305</i>	
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 <i>[Signature]</i> <i>Sandra Berrios</i> 8-06-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by September 12, 2008		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					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	ROSINSKI, RICARD				
STREET ADDRESS	1025 ALTON RD, #208				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	CAFA RO, JOSEPH				
STREET ADDRESS	1025 ALTON RD #602				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	SMITH, FELIPS				
STREET ADDRESS	1028 ALTON RD. #705				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	V	<input type="checkbox"/> Delete			
NAME	CASTANIO, JOHN				
STREET ADDRESS	1025 ALTON RD #305				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	MOSELY, CHRISTINE				
STREET ADDRESS	1028 ALTON RD. # 703				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	D	<input type="checkbox"/> Delete			
NAME	ZOMBRAW, OSCAR				
STREET ADDRESS	1028 ALTON RD. #403				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Pastor Rolando				
STREET ADDRESS	1025 Alton Rd				
CITY-ST-ZIP	Miami Beach Fl 33139				
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Santos, Luis				
STREET ADDRESS	1025 Alton Rd				
CITY-ST-ZIP	Miami Beach Fl 33139				
TITLE	SB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Diez, Carlos				
STREET ADDRESS	1025 Alton Rd				
CITY-ST-ZIP	Miami Beach Fl 33139				
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Castanio, John				
STREET ADDRESS	1025 Alton Rd				
CITY-ST-ZIP	Miami Fl 33139				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Smith Telys				
STREET ADDRESS	1025 Alton Rd				
CITY-ST-ZIP	Miami Beach				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Zambrano, Oscar				
STREET ADDRESS	1025 Alton Rd				
CITY-ST-ZIP	Miami Beach Fl 33139				
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>Luis Santos</i> <i>Luis Santos Treasurer</i> 9/18/08 305-498-3980 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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2 of 2

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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		08062008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2229952	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSINSKI, RICHARD 1025 ALTON RD SUITE 208 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Reliable Property Management Services Inc 18590 NW 67 Ave # 200B Miami FL 33015	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>				DATE 8/6/08	
Filing Fee is \$61.25 Due by September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSINSKI, RICHARD 1025 ALTON RD, #208 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glover, Eddy 1025 Alton Rd Miami Beach FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFA RO, JOSEPH 1025 ALTON RD #602 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loboswicki, Oscar 1025 Alton Rd Miami Beach FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, FELIPS 1028 ALTON RD. #705 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTANIO, JOHN 1025 ALTON RD #305 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSELY, CHRISTINE 1028 ALTON RD. # 703 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOMBRAW, OSCAR 1028 ALTON RD. #403 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 517, 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:				DATE 9/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 305-498-3980	

ATTACHMENT

40114574