

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720437

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** PALMS ASSOCIATION OF ALTON ROAD, INC.

**Current Principal Place of Business:**

1025 ALTON ROAD,  
APT. 201  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1025 ALTON ROAD,  
APT. 201  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

309 23RD STREET  
MIAMI BEACH, FL 33139 US

**FEI Number:** 59-2229952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RELIABLE PROPERTY MANAGEMENT SERVICES INC  
18590 NW 67 AVE #200B  
MIAMI, FL 33015 US

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

REGATTA REAL ESTATE  
309 23RD STREET  
MIAMI BEACH, FL 33139 US

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: REGATTA REAL ESTATE

07/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: ROLANDO, PASTOR  
Address: 1025 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TR ( ) Delete  
Name: SANTOS, LUIS  
Address: 1025 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete  
Name: SMITH, FELIPS  
Address: 1028 ALTON RD. #705  
City-St-Zip: MIAMI BEACH, FL 33139

Title: V ( ) Delete  
Name: CASTANIO, JOHN  
Address: 1025 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete  
Name: DIEZ, CARLOS  
Address: 1025 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: ZANBRANO, OSCAR  
Address: 1025 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33139 US

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

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

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

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

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

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

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: TIM VODA

ACCT

07/06/2009

Electronic Signature of Signing Officer or Director

Date