

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 12, 2011
Secretary of State

DOCUMENT# 726103

Entity Name: ROYAL PALMETTO CONDOMINIUM, INC.**Current Principal Place of Business:**6095 W 19 AVE
HIALEAH, FL 33015**New Principal Place of Business:****Current Mailing Address:**NEIGHBORHOOD PROPERTY MANAGEMENT
PO BOX 160310
HIALEAH, FL 33016**New Mailing Address:****FEI Number:** 59-1576976 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEIGHBORHOOD PROP. MANAG.
2150 WEST 68 ST
205
HIALEAH, FL 33016 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:** PD
Name: HERNANDEZ, ARLEN
Address: 6095 W 19 AVE # 312
City-St-Zip: HIALEAH, FL 33012**Title:** VPD
Name: SOPHIE, PENA
Address: 6095 W 19 AVE # 419
City-St-Zip: HIALEAH, FL 33012**Title:** SD
Name: DEL POZO, VIVIAN
Address: 6095 W 19 AVE # 420
City-St-Zip: HIALEAH, FL 33012**Title:** TD
Name: PAREDES, MARIA
Address: 6095 W 19 AVE # 416
City-St-Zip: HIALEAH, FL 33012**Title:** D
Name: MARCIA, SOTO
Address: 6095 W 19 AVE # 308
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: ARLEN HERNANEZ

PD

09/12/2011

Electronic Signature of Signing Officer or Director

Date