FILE NOW: FILING FEE IS $61.25

FILED
Mar 16 1998 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727058 (0)

1. Corporation Name

PALMETTO SPRINGS CONDOMINIUM VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVENUE MIAMI FL 33166	THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVENUE MIAMI FL 33166

3. Date Incorporated or Qualified: 07/19/1973

4. FEI Number: 59-1507289 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUGGER, ROBERT A THE TIMBERLAKE GROUP, INC. 5050 N.W. 74TH AVENUE MIAMI FL 33166	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ R.A. DUGGER 2-16-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, RAIMUNDO		1.2 NAME		
STREET ADDRESS	6090 W 18 AVE, #235		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, MODESTO		2.2 NAME		
STREET ADDRESS	6070 W 18 AVE, #119		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CORRALES, CARLOS		3.2 NAME		
STREET ADDRESS	6070 W 18 AVE, #207		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERRERA, OLIVAR		4.2 NAME		
STREET ADDRESS	6090 W 18 AVE, #138		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOTOMAYOR, KERMIT		5.2 NAME		
STREET ADDRESS	6070 W 18 AVE, #309		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		5.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DE LA VINA, PEDRO		6.2 NAME		
STREET ADDRESS	139 E 61 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33013		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raimundo Perez 2-27-98