FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90029 001 *****5.00
03-17-1999 90029 002 ****61.25
03-17-1999 90029 003 *****8.75

0033453

DOCUMENT # 727058

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

2. Principal Place of Business
21 6070-6090-W.18th.Ave.
Suite, Apt. #, etc.
22 OFFICE
City & State
23 HIALEAH -FLA.
Zip 24 33012 Country 25 USA

2a. Mailing Address
26 6070 W.18th.Ave.OFFICE
Suite, Apt. #, etc.
27 OFFICE
City & State
28 HIALEAH FLA.
Zip 29 33012 Country 30 USA.

3. Date Incorporated or Qualifed
07/19/1973

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

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

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

9. Name and Address of Current Registered Agent

DUGGER, ROBERT A
THE TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Raimundo Perez- PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 6090 W. 18th. Ave. Apt. #235
83 Hialeah, Fla.
84 City: Hialeah, Fla. FL 85 Zip Code: 33012

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: [signature] PRESIDENT. 1-20-1999.
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEREZ, RAIMUNDO 6090 W 18 AVE, #235 HIALEAH FL 33012	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P. Raimundo Perez 6090 W.18th.Ave. #235 Hialeah, Fl. 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALVAREZ, MODESTO 6070 W 18 AVE, #119 HIALEAH FL 33012	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.-P. Modesto Alvarez 6070 W.18th Ave. #119 Hialeah, Fl. 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CORRALES, CARLOS 6070 W 18 AVE, #207 HIALEAH FL 33012	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T. Carlos J. Corrales 6070 W. 18th. Ave. #207.- Hialeah, Fl. 33012.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HERRERA, OLIVAR 6090 W 18 AVE, #138 HIALEAH FL 33012	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V.T. Israel M. Manso 6070 W. 18th. Ave. #112 Hialeah, Fl. 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SOTOMAYOR, KERMIT 6070 W 18 AVE, #309 HIALEAH FL 33012	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S. Pedro de la Vina 139 E. 61 St. Hialeah, Fl. 33013.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DE LA VINA, PEDRO 139 E 61 ST MIAMI FL 33013	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	V-S. Jose J. Echevarria. 6070 W. 18 Ave. #304. Hialeah, Fl. 33012.	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: [signature] Raimundo Perez-President 1-20-1999 305=822-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)