2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727058

FILED Jan 14, 2009 Secretary of State

Entity Name: PALMETTO SPRINGS CONDOMINIUM VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6070-6090 W 18TH AVE **OFFICE**

HIALEAH, FL 33012

New Mailing Address: Current Mailing Address:

6070-6090 W 18TH AVE OFFICE HIALEAH, FL 33012 US

FEI Number: 59-1507289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORRALES, CARLOS J PRES.

ACEVEDO, LAZARO PRES. 6070 W 18TH AVE 6070 W 18TH AVE

APT 207 APT 111

HIALEAH, FL 33012 US HIALEAH, FL 33012 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: LAZARO ACEVEDO 01/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CORRALES, CARLOS J ACEVEDO, LAZARO Name: Name: 6070 W. 18TH AVE #207 Address: 6070 W. 18TH AVE APT 111 Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete Title: (X) Change () Addition MANSO, ISRAEL M Name: ALVAREZ, MODESTO Name:

Address: 6070 W 18 AVE. #112 Address: 6070 W 18 AVE.APT 119 City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: **TRS** () Change (X) Addition

MANSO, ISRAEL Name: Name: 6070 WEST 18 AVE APT 112 Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: **VTRS** () Change (X) Addition

Name: Name: COTO, ELIDA Address: Address: 6070 WEST 18 AVE APT 113

City-St-Zip: City-St-Zip: HIAELAH, FL 33012

Title: () Delete Title: () Change (X) Addition

CORRALES, CARLOS J Name: Name: 6070 WEST 18 AVE APT 207 Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33012

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: LAZARO ACEVEDO **PRES** 01/14/2009