

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727657 (9)

1. Corporation Name
PALMETTO GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**% THE TIMBERLAKE GROUP
5050 NW 74TH AVE.
MIAMI FL 33012**

3. Date Incorporated or Qualified **10/05/1973** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1526399	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent
**--LUIS M. PARDON, ESQ--
--1402 MIAMI CENTER--
--201 S. BISCAYNE BLVD--
--MIAMI FL 33131--**

10. Name and Address of New Registered Agent
**B1 Name Robert A. Dugger,
B2 Street Address (P.O. Box Number is Not Acceptable) The Timberlake Group, Inc.,
B3 5050 N.W. 74th. Avenue,
B4 City Miami, FL B5 Zip Code 33166**

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]* DATE **1 - 26 - 96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEJEDA, MANUEL	
STREET ADDRESS	6125 WEST 20 AVENUE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VERA, EDORINA	<input type="checkbox"/> DELETE
NAME	VERA, EDORINA	
STREET ADDRESS	6125 WEST 20 AVENUE, #109	
CITY - ST - ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ, MARIA G.	
STREET ADDRESS	6125 WEST 20 AVENUE, #103	
CITY - ST - ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEDRO, ORTA	
STREET ADDRESS	6125 WEST 20 AVENUE, #305	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director Vera, Elorina
2.3 STREET ADDRESS	6125 West 20 Avenue, #109
2.4 CITY - ST - ZIP	Hialeah, Florida 33012.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President - Director Cerbone, Sandy,
5.3 STREET ADDRESS	6125 West 20th Avenue, #209
5.4 CITY - ST - ZIP	Hialeah, Florida 33012.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **MANUEL A. TEJEDA** DATE: **1/26/96** DAYTIME PHONE #: **8331754**

CR2E037 (12/95)