

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 **02/07/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-1526399** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 Country 29 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DUGGER, ROBERT A
THE TIMBERLAKE GROUP INC
5050 NW 74TH AVE
MIAMI FL 33166

10. Name and Address of New Registered Agent
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 *Robert A. Dugger* **ROBERT A. DUGGER** **3.3.97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEJEDA, MANUEL	
STREET ADDRESS	6125 WEST 20 AENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERA, ELORINA	
STREET ADDRESS	6125 W 20TH AVE 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 AENUE, #305	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CERBONE, SANDY	
STREET ADDRESS	6125 WEST 20TH AVE 209	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Manuel Tejeda* **MANUEL TEJEDA** **3.3.97** **(305) 593 1141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032070

CR2E037 (9/96)