

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90092 028 ****61.25

DOCUMENT # 727657

1. Entity Name

PALMETTO GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% THE TIMBERLAKE GROUP
 5050 NW 74TH AVE.
 MIAMI FL 33012

% THE TIMBERLAKE GROUP
 5050 NW 74TH AVE.
 MIAMI FL 33012

2. Principal Place of Business

3. Mailing Address

6125 W 20 Ave

1920 E. Hallandale Bch Blvd

Suite, Apt, #, etc.

Suite, Apt, #, etc.

City & State

City & State

Hialeah FL

Hallandale, FL

Zip

Country

Zip

Country

33012

USA

33009

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1526399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGER, ROBERT A
 THE TIMBERLAKE GROUP INC
 5050 NW 74TH AVE
 MIAMI FL 33166

Name Law Offices of Eric M. Glazer, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1920 E. Hallandale Beach Blvd., #806

City Hallandale

FL

Zip Code 33009

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]
 Pres.

3-20-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 <i>Elorina V. Vera</i>	
STREET ADDRESS: 6125 W 20TH AVE 109	
CITY-ST-ZIP: HIALEAH FL	
TITLE: SD	<input type="checkbox"/> Delete
NAME: LOPEZ, MARIA G. <i>Maria G. Lopez</i>	
STREET ADDRESS: 6125 WEST 20 AVENUE, #103	
CITY-ST-ZIP: HIALEAH FL	
TITLE: TD	<input type="checkbox"/> Delete
NAME: PEDRO, ORTA <i>Pedro J. Orta</i>	
STREET ADDRESS: 6125 WEST 20 AENUE, #305	
CITY-ST-ZIP: HIALEAH FL	
TITLE: VPD	<input type="checkbox"/> Delete
NAME: CERBONE, SANDY <i>Sandy Cerbone</i>	
STREET ADDRESS: 6125 WEST 20TH AVE 209	
CITY-ST-ZIP: HIALEAH FL	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date Daytime Phone #

CR2E037 (9/01)