


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|--|---|---|---|
| DOCUMENT # 727657 1. Entity Name PALMETTO GARDENS NORTH CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 7953 NW 53RD ST MIAMI, FL 33166 | | | Mailing Address 7953 NW 53RD ST STE 385 MIAMI, FL 33166 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-1526399 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DUGGER, ROBERT A SR 7953 NW 53RD ST MIAMI, FL 33166 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3399 NW 72 Ave # 215 City Doral , FL Zip Code 33122 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TEJEDA, MANUEL 6125 WEST 20 AVE. #207 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600136385766 09/26/08--01043--022 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARTINEZ, FEDERICO 6125 WEST 20 AVENUE, #103 HIALEAH, FL 33012 <input type="checkbox"/> Delete tres | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PRADERA, EMILIO 6125 WEST 20 AVENUE, #305 HIALEAH, FL 33012 <input type="checkbox"/> Delete Sir | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Ileana Rodriguez 6125 W. 20 Ave #102 Hialeah, FL 33012 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEIDA L. BELLON 6125 W 20 AVE #209 HIALEAH, FL 33012 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Violete Requejo 6125 W. 20 Ave # 212 Hialeah FL 33012 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Ileana Rodriguez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 9/23/08 Daytime Phone # | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052008 Chg-NP CR2E037 (12/06)

4/26/09