2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 727657

Entity Name: PALMETTO GARDENS NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7953 NW 53RD ST
MIAMI, FL 33166

New Principal Place of Business:

3399 N.W. 72 AVE.
SUITE 215
MIAMI, FL 33122

Current Mailing Address:

7953 NW 53RD ST
STE 385
MIAMI, FL 33166

New Mailing Address:

3399 N.W. 72 AVE.
STE 215
MIAMI, FL 33122

FEI Number: 59-1526399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUGGER, ROBERT A SR
3399 NW 72 AVE
#215
DORAL, FL 33122 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, ILEANA
Address: 6125 WEST 20 AVE. #102
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete
Name: MARTINEZ, FEDERICO
Address: 6125 WEST 20 AVENUE, #103
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete
Name: PRADERA, EMILIO
Address: 6125 WEST 20 AENUE, #305
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete
Name: BELLON, LEIDA L
Address: 6125 WEST 20 AENUE, #209
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete
Name: REQUEJO, VIOLTE
Address: 6125 WEST 20 AENUE, #212
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ILEANA RODRIGUEZ PD 01/19/2009

Electronic Signature of Signing Officer or Director — Date