

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90135 026 ****70.00

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DOCUMENT # 727657

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



Principal Place of Business
**6125 W 20 AVENUE
HIALEAH FL 33012**

Mailing Address
**1920 E HALLANDALE BEACH BLVD
806
HALLANDALE FL 33009**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1526399**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAW OFFICES OF ERIC M. GLAZER, P.A.
1920 E HALLANDALE BEACH BLVD
806
HALLANDALE FL 33009**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$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	PD TEJEDA, MANUEL 6125 WEST 20 AVENUE HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERA, ELORINA 6125 W 20TH AVE 109 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, MARIA G. 6125 WEST 20 AVENUE, #103 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEDRO, ORTA 6125 WEST 20 AVENUE, #305 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CERBONE, SANDY 6125 WEST 20TH AVE 209 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Manuel Tejeda 6125 West 20 Ave # 207 Hialeah, Fla. 33012</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elorina Vera 6125 West 109th Ave # 109 Hialeah, Fla. 33012</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maria Lopez 6125 W. 20 Ave. #103 Hialeah, FL. 33012</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pedro Orta 6125 W. 20 Ave # 305 HIALEAH FL. 33012</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sandy Cerbone 6125 W 20 Ave 209 Hialeah FL 33012</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

Date **7/18/0003** Daytime Phone #

CR2E037 (4/03)