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

DOCUMENT # 734609

1. Entity Name

PALMETTO PLACE CONDOMINIUM ASSOCIATION, INC.



FILED Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90412 009 ****61.25

Principal Place of Business C/O YOYA LAND CORP. C/O YOYA LAND CORP	
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 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 Name CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL City FL Zip Code 6. The above named entity subministrating segment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registery agent Signature Signature Signature File NOW: FEE IS \$61.25 0. Election Campaign Financing Trust Fund Contribution. DATE Make Check Payabile to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME Change Add	· <u>-</u>
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 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 Name CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL City FL Zip Code 6. The above named entity subministrating segment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registery agent Signature Signature Signature File NOW: FEE IS \$61.25 0. Election Campaign Financing Trust Fund Contribution. DATE Make Check Payabile to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME Change Add	
City & State Country Country Country Country Country Country S. Certificate of Status Desired September September September September September September Street Address of New Registered Agent Name CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity subman for september dignet and title if applicable (NOTE. Registered Agent alignature required when rehistating) DATE FILE NOW: FEE IS \$61.25 8. Election Campaign Financing Trust Fund Contribution. Signature. Typed or printed name of registered agent and title if applicable (NOTE. Registered Agent alignature required when rehistating) DATE FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. MAKE PARKED PARKED PARKED SIRE ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME VP Change Ad Cha	
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 CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL City FL Zip Code 8. The above named entity submit the Statement for the burpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and act the obligations of registered agent a	
Signature. Signature. Spead or purised name of registered agent and disc if applicable. File Now: FEE IS \$61.25 FILE NO	
CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL City City FL Zip Code 8. The above named entity submit in registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Delete Trust Fund Contribution. The ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 The AMAE STREET ADDRESS STREET ADDRESS TRUST DATE TITLE NAME NAME VP HERNANDEZ, PAUL NAME	_
CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL City FL Zip Code 8. The above named entity submit for squement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registery agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 TITLE NAME HERNANDEZ, PAUL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code NAME Added to Fiorida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered ag	-
10400 SW 97 CT. MIAMI FL City FL Zip Code 8. The above named entity submit the Statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and act the obligations of registerer agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 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 P CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 TITLE NAME HERNANDEZ, PAUL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 Change Ad Address (P.O. BOX Number is Not Acceptable) Zip Code City TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 Change Ad Change	
MIAMI FL 8. The above named entity submit the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registers agent. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIPLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 TITLE NAME HERNANDEZ, PAUL City TITLE NAME Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State TIPLE NAME CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 CITY-ST-ZIP Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State TIPLE NAME CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 CITY-ST-ZIP NAME Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added to Fees Pagable to Florida Department of State Change Added t	
8. The above named entity submit first statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent agent and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ### Make Check Payable to Trust Fund Contribution. ### Delete Title NAME CASTRO, HENRY D SR. 10400 SW 97 CT. MIAMI FL 33176-2850 ### Change Ad Added to Fee Signature required when reinstating) DATE ### Make Check Payable to Florida Department of State ### Change Ad Added to Fee Signature required when reinstating) DATE ### Make Check Payable to Florida Department of State ### Change Added to Fee Signature required when reinstating) DATE ### DATE ### DELET NOW: FEE IS \$61.25 ### DATE ###	
SIGNATURE 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 9. Election Campaign Financing	
FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS Title P CASTRO, HENRY D SR. STREET ADDRESS CITY-SI-ZIP MIAMI FL 33176-2850 TITLE NAME HERNANDEZ, PAUL P. Change Delete TITLE NAME	cept
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Added to Fees Miake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 10 Change Added to Fees Mixed Check Payable to Florida Department of State Florida Department of State Intle NAME CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176-2850 CITY-ST-ZIP Delete TITLE NAME NAME Change Added to Fees Make Check Payable to Florida Department of State Florida Department of State Change Added to Fees TITLE NAME NAME CASTRO, HENRY D SR. STREET ADDRESS CITY-ST-ZIP Change Added to Fees Change Added to Fees Make Check Payable to Florida Department of State	-
TITLE	a≈ 5-±.
NAME CASTRO, HENRY D SR. STREET ADDRESS 10400 SW 97 CT. CITY-ST-ZIP MIAMI FL 33176-2850 TITLE VP Delete TITLE NAME HERNANDEZ, PAUL TITLE NAME	
NAME HERNANDEZ, PAUL	CBZE037 (10/02)
CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP	Idition
TITLE S Delete TITLE Change Advance NAME DE FREITAS, FILIPE DE STREET ADDRESS 7050 NW 77 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	idition
TITLE D Delete TITLE Change Advance ALLEN, RICHARD NAME STREET ADDRESS 7074 NW 77 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP	dition
TITLE D Delete TITLE Change Add NAME BARRIOS, BERT NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166	dition
TITLE NAME KAWAS, NICK STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 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 suppliermental report in two and countries and 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 suppliermental report in two and countries and 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 suppliermental report in two and countries and that the information is provided in the information in in the info	

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: V SIGNATURE REQUIRED