2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 755530

1. Entity Name
EL PALMAR CONDOMINIUM ASSOCIATION, INC.

FILED
05 APR -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
17101 NW 57 AVE., APT 101 MIAMI, FL 33055	17101 NW 57 AVE., APT 101 SUITE #385 MIAMI, FL 33055

11202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7600 W 20 AVE Suite, Apt. #, etc. 217
City & State	City & State Hialeah, Florida
Zip / Country	Zip / Country 33016 / Dade.

4. FEI Number
59-2253953
☐ 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
GANGINUZZA, JOSEPH - C/O JOSEPH H. GANCYSEZ 150 W. FLAGLER STREET, 27TH FLOOR MIAMI, FL 33130	Name Terra Association Management Street Address (P.O. Box Number is Not Acceptable) 7600 W 20 Ave Suite 217. City Hialeah FL Zip Code 33016

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 _____ Teresa Vazquez 3/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 FLORES, ERNESTO 17101 NW 57 AVE., APT 101 MIAMI, FL 33055	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Millian Carmelo 7600 W 20 Ave #217 Hialeah, Fl 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PLAUD, DEBORA M 17101 NW 57 AVE., APT 319 MIAMI, FL 33055	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Angel Machado 7600 W 20 Ave #217 Hialeah, Fl 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDT OROSCO, LEONIDAS 17101 NW 57 AVE., APT 218 MIAMI, FL 33055	☒ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Blanco, Manuel 7600 W 20 Ave #217 Hialeah, Fl 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Alvardo, Leon 7600 W 20 Ave #217 Hialeah, Fl 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE DD NAME STREET ADDRESS CITY-ST-ZIP	Flores, Ernesto 7600 W 20 Ave #217 Hialeah, Fl 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200050853562 04/15/05--01009-014 **61.25	☐ Change ☐ 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: _____ 11/20/04 3058266606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #