

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90060 010 ****61.25

DOCUMENT # 757123

1. Entity Name

PALMETTO CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

660 LINTON BLVD.
 202
 DELRAY BEACH FL 33444
 US

660 LINTON BLVD.
 202
 DELRAY BEACH FL 33487-2841
 US

2. Principal Place of Business

3. Mailing Address

1401 Congress Avenue

1401 Congress Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 140

Suite 140

City & State

City & State

Boca Raton, FL

Boca Raton, FL

4. FEI Number

59-2117434

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

D.F. GOUVERT ENTERPRISES INC.
 660 W. LINTON BLVD.
 DELRAY BEACH FL 33444

Name **Karen Lippman**

Street Address (P.O. Box Number is Not Acceptable)
1401 Congress Avenue

Suite 140

City **Boca Raton**

FL

Zip Code **33487**

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.

SIGNATURE

Karen Lippman

Feb 3/00

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **NOVIN, SONDR**
 STREET ADDRESS **5220 LAS VERDES CR 320**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **SD** Change Addition
 NAME **Renec Cuollo**
 STREET ADDRESS **5220 Las Verdes Circle #204**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **VD** Delete
 NAME **EDWARD LIEBERMAN**
 STREET ADDRESS **5220 LAS VERDES CIR #106**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** Change Addition
 NAME **Murray Garmel**
 STREET ADDRESS **5220 Las Verdes Circle #224**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **T** Delete
 NAME **HYMAN LEVIN**
 STREET ADDRESS **5220 LAS VERDES CIR #308**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** Change Addition
 NAME **meyer Simon**
 STREET ADDRESS **5220 Las Verdes Circle #102**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE **S** Delete
 NAME **OVOLLO, RENEE**
 STREET ADDRESS **5220 LAS VEROES CIR #204**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **D** Change Addition
 NAME **John Sette**
 STREET ADDRESS **5220 Las Verdes Circle #108**
 CITY-ST-ZIP **Delray Beach, FL 33484**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sondra Novin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00
 Date

Daytime Phone #

CR2E037 (9/99)