


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 759835	
1. Entity Name PALMETTO WEST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7870-7888 N.W. 64 STREET MIAMI, FL 33166	Mailing Address 7874 N.W. 64 ST. MIAMI, FL 33166
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01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2171783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIANCHI, MARIELLA
 7888 N.W. 64TH. STREET
 UNIT 110
 MIAMI, FLORIDA, FL 33166-9264

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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)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000752166
 01/15/08-80063-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASAMAYOR, CESAR 7882/84 N.W. 64TH. STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYNES, DENIA 7870 N.W. 64TH. STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPSON, ARI F. 7874 N.W. 64TH. STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAZAR, FRANCISCO 7886 N.W. 64TH. STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fees empowered.

SIGNATURE: _____ **01/11/2008** (305) 594-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #