

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 759843

1. Entity Name
**PALMETTO PALMS BUSINESS PARK ASSOCIATION,
INC.**



Principal Place of Business

**3493 NW 167TH ST
MIAMI, FL 33056**

Mailing Address

**3493 NW 167TH ST
MIAMI, FL 33056**

DO NOT WRITE IN THIS SPACE



04032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEISZ, MICHEL OCIACOVSKI
9350 S DIXIE HWY
SUITE 1500
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STROEHMANN, JOHN
STREET ADDRESS	3493 NW 167TH ST
CITY - ST - ZIP	MIAMI, FL 33056
TITLE	STD
NAME	BERGERON, GREG
STREET ADDRESS	3493 NW 167TH ST
CITY - ST - ZIP	MIAMI, FL 33056
TITLE	VD
NAME	VINCE, GEORGE
STREET ADDRESS	3493 NW 167 ST
CITY - ST - ZIP	MIAMI, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000698539
04/19/07-80007-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 624-2999