

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761846

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** PALM PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PROPER MGMT  
2131 NE 30TH ST  
POMPANO BCH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50364  
POMPANO BEACH, FL 33074 US

**New Mailing Address:**

**FEI Number:** 59-2238253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROPER MANAGEMENT  
2131 NE 30TH ST  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ORTIZ, DEIDRA  
Address: PO BOX 50364  
City-St-Zip: POMPANO BEACH, FL 33074

Title: VP  
Name: DARUINI, MARIBEL  
Address: PO BOX 50364  
City-St-Zip: POMPANO BEACH, FL 33074

Title: TD  
Name: ZAHER, JOSEPH  
Address: PO BOX 50364  
City-St-Zip: POMPANO BEACH, FL 33074

Title: SD  
Name: PEREZ, MARIO  
Address: PO BOX 50364  
City-St-Zip: POMPANO BEACH, FL 33074

Title: D  
Name: FERNANDEZ, MARY  
Address: PO BOX 50364  
City-St-Zip: POMPANO BEACH, FL 33074

Title: D  
Name: CHANG, WALTER  
Address: PO BOX 50364  
City-St-Zip: POMPANO BEACH, FL 33074

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOE ZAHER

TD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date