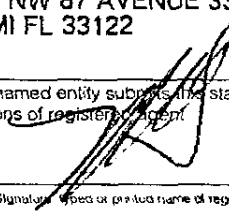


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 763755					
1. Entity Name PALMETTO DORAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3004 NW 79 AVE MIAMI FL 33122			Mailing Address P.O. BOX 228055 MIAMI FL 33122		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 59-2198511	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MP PROPERTY MANAGEMENT INC. ATTN: MYRIAM PALACIOS 2600 NW 87 AVENUE 332 MIAMI FL 33122				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  1-25-2006 Signature of person or previous name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	TDP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FERNANDEZ, GEORGE		NAME	000000417979	
STREET ADDRESS	3004 N.W. 79TH AVENUE		STREET ADDRESS	02/13/06-80076-014 61.25	
CITY-ST-ZIP	MIAMI FL 33122		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	VEGA, ANGEL		NAME		
STREET ADDRESS	3018 N.W. 79TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DIAZ, MARIO		NAME		
STREET ADDRESS	3016 NW 79 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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