

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# N00000005375

Entity Name: PALMETTO WEST PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 NW 87TH AVENUE  
SUITE 32  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2600 NW 87TH AVENUE  
SUITE 32  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 52-2300044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JARAMILLO, FERNAN  
2600 NW 87TH AVENUE  
SUITE 32  
MIAMI, FL 33172 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: PD      ( ) Delete  
Name: JARAMILLO, FERNAN  
Address: 2600 NW 87TH AVENUE SUITE 32  
City-St-Zip: MIAMI, FL 33172

Title: VPD      ( ) Delete  
Name: JARAMILLO, SILVIA  
Address: 2600 NW 87TH AVENUE SUITE 32  
City-St-Zip: MIAMI, FL 33172

Title: SD      ( ) Delete  
Name: JARAMILLO, HELENA  
Address: 2600 NW 87TH AVENUE SUITE 32  
City-St-Zip: MIAMI, FL 33172

Title: TD      ( ) Delete  
Name: VILLARREAL, ANA J  
Address: 2600 NW 87TH AVENUE SUITE 32  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FERNAN JARAMILLO

PD

04/29/2005

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

\_\_\_\_\_  
Date