


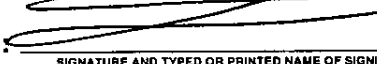


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90087 046 ****61.25

DOCUMENT # N02000004193					
1. Entity Name PALMETTO PLACE AT MIZNER PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 99 S.E. MIZNER BLVD #100 BOCA RATON, FL 33432		Mailing Address 99 S.E. MIZNER BLVD #100 BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262005 Chg-NP CR2E037 (10/03)	
4. FEI Number 01-0711738				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRIS, WILLIAM E 99 S.E. MIZNER BLVD BOCA RATON, FL 33432			Name LOUIS CAPLAN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD. SUITE 415D City BOCA RATON FL 33431		
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 		Louis Caplan		DATE 2/14/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, WILLIAM		NAME	LORIE BATTAGLINI	
STREET ADDRESS	99 SE MIZNER BLVD		STREET ADDRESS	99 SE MIZNER BLVD # 721	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGAN, JAMES D		NAME	DAVID BARDON	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS 9TH FLOOR		STREET ADDRESS	99 SE MIZNER BLVD # 722	
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPOSITO, GREGORY D		NAME	JEFFREY SUSSMAN	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS 9TH FLOOR		STREET ADDRESS	99 SE MIZNER BLVD #PH39	
CITY-ST-ZIP	NEW YORK, NY 10020		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEISENRING, RONALD H		NAME	MARTHA GUREVITZ	
STREET ADDRESS	99 SE MIZNER BLVD #415		STREET ADDRESS	99 SE MIZNER BLVD # 523	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FEDERICO ALEX POOL	
STREET ADDRESS			STREET ADDRESS	99 SE MIZNER BLVD # 201	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 		DAVID BARDON, V.P.		DATE 2/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					