


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004193						FILED 07 SEP 17 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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 - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		07112007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number 01-0711738		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip		Country		6. Name and Address of Current Registered Agent			
CAPLAN, LOUIS ESQ 301 YAMATO RD SUITE 4150 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent		Name		Street Address (P.O. Box Number is Not Acceptable)		City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____		Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Make check payable to Florida Department of State		300109723149 09/20/07--01068--013 **70.00		9/5/07 561-347-1704 x14			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARON, DAVID 99 S.E. MIZNER BLVD., #722 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PHILIP PASCARELLI 99 SE MIZNER BLVD, #829 BOCA RATON, FL, 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PACKMAN, STANLEY 99 S.E. MIZNER BLVD, #733 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL SHAFTEL 99 SE MIZNER BLVD, #PH#12 BOCA RATON, FL, 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUREVITZ, MARTHA 99 SE MIZNER BLVD #523 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELMAN, JENNIFER 99 S.E. MIZNER BLVD. PH 24 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSMAN, JEFFREY 99 S.E. MIZNER BLVD. PH39 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input type="checkbox"/> Delete
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: <u>Stanley Packman</u> 9/5/07 561-347-1704 x14 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											