


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

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 032 ****70.00

DOCUMENT # **NO2000004193**

1. Entity Name
**PALMATED PLACE AT MIZNER PARK
CONDOMINIUM ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
99 S.E. MIZNER BLVD.

Suite, Apt. #, etc.
100

3. Mailing Address

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number
010711738

Applied For
Not Applicable

Zip
33432

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LOUIS CAPLAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
**301 YAMATO ROAD,
SUITE 4150**

City
BOCA RATON FL Zip Code
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 _____ DATE _____
Signature, (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended AR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAVID BARRON 99 SE MIZNER BLVD - UNIT 722 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president STANLEY PASCARELLI 99 SE MIZNER BLVD - UNIT 733 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer PHILLIP PASCARELLI 99 SE MIZNER BLVD - UNIT 829 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MICHAEL SHAFTEL 99 SE MIZNER BLVD - UNIT PH12 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director WALTER CLARK 99 SE MIZNER BLVD - UNIT 745 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **PHILIP PASCARELLI, PRES** 3/13/08 561-591-9634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #