

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N02000004193

Entity Name: PALMETTO PLACE AT MIZNER PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

99 S.E. MIZNER BLVD
#100
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

99 S.E. MIZNER BLVD
#100
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 01-0711738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, LOUIS ESQ
301 YAMATO RD SUITE 4150
BOCA RATON, FL 33431 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: P () Delete
Name: BARON, DAVID
Address: 99 S.E. MIZNER BLVD., #722
City-St-Zip: BOCA RATON, FL 33432

Title: V () Delete
Name: PACKMAN, STANLEY
Address: 99 S.E. MIZNER BLVD, #733
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: PASCARELLI, PHILIP
Address: 99 SE MIZNER BLVD, #829
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SHAFTEL, MICHAEL
Address: 99 S.E. MIZNER BLVD. PH #12
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SUSSMAN, JEFFREY
Address: 99 S.E. MIZNER BLVD. PH39
City-St-Zip: BOCA RATON, FL 33432

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: D (X) Change () Addition
Name: MICAELSON, ROBERT
Address: 99 S.E. MIZNER BLVD. PH # 734
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change () Addition
Name: CLARK, WALTER
Address: 99 S.E. MIZNER BLVD. # 745
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID BARRON

P

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date