2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004273

FILED Feb 18, 2009 Secretary of State

Entity Name: PALM VILLAS OF HIALEAH, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7300 SW 93RD AVE STE 210 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

TPS MANAGEMENT PO BOX 661554 MIAMI, FL 33266 US

FEI Number: 02-0627149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STRALEY & OTTO, P.A. 2699 STIRLING ROAD SUITE C 207 FORT LAUDERDALE, FL 33312 US

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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP () Delete Title: DP (X) Change () Addition
GIL, AUGUSTO Name: GIL, AUGUSTO

 Address:
 7300 SW 93RD AVE.
 Address:
 7300 SW 93RD AVE. #210

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33173

Title: DV () Delete Title: VP (X) Change () Addition Name: MARRERO, NATANIEL Name: MARRERO, NATANIEL

 Name
 MARKERO, NATANIEL
 Name
 MARKERO, NATANIEL

 Address:
 7300 SW 93RD AVE
 Address:
 650 PALM AVENUE #309

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 HIALEAH, FL 33010

Title: DTS () Delete Title: DTS (X) Change () Addition

 Name:
 LAZO, KAREL
 Name:
 LAZO, KAREL

 Address:
 7300 SW 93RD AVE
 Address:
 274 E. 13 STREET

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 HIALEAH, FL 33010

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: AUGUSTO GIL P 02/18/2009