2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

01-14-2008 90093 020 ****61.25

1. Entity Name

300 PALM CONDOMINIUM ASSOCIATION, INC.



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Principal Place of Business C/O STEVEN KRISCHER 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330		Mailing Address C/O STEVEN KRISCHER 12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330			831 8 8 11		(E) Of 1891	
340 PALM AUTHUE		3. Mailing Address 340 PALM AUDUU						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01092008 Chg	g-NP CR2E037 (12/06)		
LIALEAN, FC		HIALEAN, FL		4. FEI Number 82-0585866	82-0585866 Not Applicable			
33016	Country USA	33010 \	Country	5. Certificate of Sta		.75 Addit Required		
	6. Name and Address of Current R	Registered Agent		7. Name and Addre	ess of New Registered Age	nt		
KRISCHER, STEVEN L				Name ELENA CARO				
12881 COUNTRY GLEN DRIVE COOPER CITY, FL 33330			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			· .	<u> </u>		·		
			City 41	OLEAN,	FL	Zip Code 33の		
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	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating)	DATE			
2 / 3 ·	Filing Fee is \$61.25	9. Election Cam	paign Financing	\$5.00 May Be	Make check pa	ayable to		
= 1	Due by May 1, 2008	Trust Fund Co	ontribution.	Added to Fees	Florida Departme	ent of Sta		
10.	OFFICERS AND DIR	ECTORS	ontribution.	Added to Fees	S TO OFFICERS AND DIREC	TORS IN	10	
10.	OFFICERS AND DIR		11.	Added to Fees ADDITIONS/CHANGE	S TO OFFICERS AND DIREC		ite	
10.	OFFICERS AND DIR	ECTORS	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE DIRECTOR ELEVA CAN	S TO OFFICERS AND DIREC	TORS IN	10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D DELGADO, OSCAR J 7950 NW 155 ST STE 104 MIAMI ŁAKES, FL 33016	ECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE	S TO OFFICERS AND DIREC O AUEN UE FC 33010	CTORS IN	10 Addition	
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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 fursitee 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 fixed empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 /305 88377777 Date Daylime Phone *