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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
2006 DEC -4 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003004

1. Entity Name
THE PALMS AT EASTERN SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1925 BRICKELL AVENUE SUITE D205 MIAMI, FL 33129	1925 BRICKELL AVENUE SUITE D205 MIAMI, FL 33129

07312006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2788090
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BESU, ROGER PA
1925 BRICKELL AVENUE
SUITE D205
MIAMI, FL 33129

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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)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARIBONA, BERNIE
STREET ADDRESS	1925 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DV
NAME	BESU, ROGER
STREET ADDRESS	1925 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	DST
NAME	MARRERO, HECTOR
STREET ADDRESS	1925 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	B 12/5/06
TITLE	
NAME	
STREET ADDRESS	STATEMENT
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900080881649
10/16/06--01052--006 **61.25

900080881649
12/05/06--01052--006 **175.00

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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 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 asterisk, or that no other like empowered.

SIGNATURE: Pres
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Nancy De la Torre <palmsateasternshores@gmail.com>

Address change

1 message

palmsateasternshores@gmail.com <palmsateasternshores@gmail.com> **Wed, Nov 29, 2006 at 5:33 PM**
To: "corphelp@dos.state.fl.us" <corphelp@dos.state.fl.us>

Gary Blankenbaker
Document Specialist

Slr: Ref: Document # N03000003004

Required documents are on the way to you.
Please change my mailing and business address to:

The Palms at Eastern Shores
12901 N. Okeechobee Rd, Unit F11
Hialeah Gardens, Fl. 33018

Thank you,
Bernie Maribona - Pres.

The Palms at Eastern Shores
P.O. Box 126605
Hialeah Gardens, Fl. 33012

Office
12901 N. Okechobee Rd. F11
Hialeah Gardens, Fl. 33018

Tel: 786-247-4100
Fax: 305-823-9191