

Oct 11 06 01:16p

Nancy Font

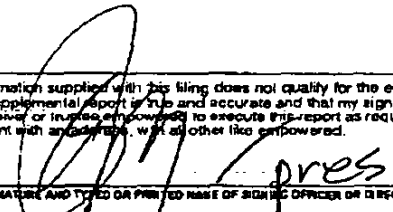
3058259542

Page 1 of 2
P. 2**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 1925 BRICKELL AVENUE SUITE D205 MIAMI, FL 33129	Mailing Address 1925 BRICKELL AVENUE SUITE D205 MIAMI, FL 33129	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BESU, ROGER PA 1925 BRICKELL AVENUE SUITE D205 MIAMI, FL 33129		DO NOT WRITE IN THIS SPACE
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: handw or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when reappointing)		
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 NAME STREET ADDRESS CITY - ST - ZIP	PO MARIBONA, BERNIE 1925 BRICKELL AVENUE MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BESU, ROGER 1925 BRICKELL AVENUE MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MARRERO, HECTOR 1925 BRICKELL AVENUE MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 817, 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 like empowered.		
SIGNATURE:  pres.		

07312006 No Chg-NP

CR2E037 (4/06)

4. FBI Number
20-2788090Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required900080981649
10/16/06--01052--006 **\$61.25900080981649
12/05/06--01052--006 **\$175.00**DO NOT WRITE
IN THIS SPACE**

B 12/5/06

STATEMENT

Page 2 of 2



~~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

Sir: 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
