

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003004

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



Principal Place of Business
12901 W OKEECHOBEE ROAD, UNIT F11
HIALEAH GARDENS, FL 33018

Mailing Address
12901 W OKEECHOBEE ROAD, UNIT F11
HIALEAH GARDENS, FL 33018

FILED
Sep 15, 2008 08:00 AM
Secretary of State



09092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-2788090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000959721
09/15/08-80004-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/08

Date

78-247-4100

Daytime Phone #