

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 01, 2009  
Secretary of State**

DOCUMENT# N03000006834

Entity Name: PALM GARDENS II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

210 SW 11TH ST  
OFFICE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TRUST GROUP MGMT, INC  
PO BOX 451306  
MIAMI, FL 33245

**New Mailing Address:**

FEI Number: 27-0072888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRUST GROUP MANAGEMENT, INC.  
4580 SW 8TH STREET  
CORAL GABLES, FL 33134      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PEREZ, MIRTA  
Address: 210 SW 11TH ST, APT #507  
City-St-Zip: MIAMI, FL 33130

Title: VD      ( ) Delete  
Name: NIEBLA, FELIX A  
Address: 210 SW 11TH ST APT #401  
City-St-Zip: MIAMI, FL 33130

Title: ST      ( ) Delete  
Name: BARROCA, EMERSON  
Address: 210 SW 11TH ST APT #403  
City-St-Zip: MIAMI, FL 33130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MIRTA PEREZ

P

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date