

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90196 023 \*\*\*\*70.00

**DOCUMENT # N04000000464**

1. Entity Name  
**THE PALMS AT BAYSHORE HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**Complete Property Management**  
**P O Box 402507**  
**Miami Beach, FL 33140**

**Complete Property Management**  
**P O Box 402507**  
**Miami Beach, FL 33140**



02052008		Chg-NP		CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>20-2713819</b>	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SRKLD, INC.</b> <b>201 ALHAMBRA CIRCLE</b> <b>SUITE 1102</b> <b>CORAL GABLES, FL 33134</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN-APONTE, RAFAEL		NAME	Denise M. Riano	
STREET ADDRESS	22125 SW 88 PATH		STREET ADDRESS	8899 SW 223 Terrace	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Miami, FL 33190	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIANO, DENISE M		NAME	Rafael Guzman-Aponte	
STREET ADDRESS	8899 SW 223 TERRACE		STREET ADDRESS	22125 SW 88 Path	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Miami, FL 33190	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIETO, GREG		NAME	Mary Louise Cole-Wood	
STREET ADDRESS	8914 SW 223 TERRACE		STREET ADDRESS	8082 SW 173 Terrace	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Palmetto Bay, FL 33157	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michael Hankins	
STREET ADDRESS			STREET ADDRESS	8863 SW 220 Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33190	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Adriene Nolasco	
STREET ADDRESS			STREET ADDRESS	8886 SW 221 Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33190	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>Denise M. Riano</u>			Date: <u>4-11-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		