## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000464

FILED Apr 28, 2009 Secretary of State

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

**Current Principal Place of Business:** 

C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203

MIAMI, FL 33186

**Current Mailing Address:** 

C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203

MIAMI, FL 33186

FEI Number: 20-2713819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

MIAMI, FL 33132

P.O. BOX 402507

New Mailing Address:

MIAMI BEACH, FL 33140

Name and Address of New Registered Agent:

C/O BARCLAYS COMPLETE PROPERTY MANAGEMENT

C/O BARCLAYS COMPLETE PROPERTY MANAGEMENT

**New Principal Place of Business:** 

555 NE 15TH STREET SUITE 200

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324 US

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

Certificate of Status Desired ( )

## **OFFICERS AND DIRECTORS:**

() Delete RIONO, DENISA M Name:

8899 SW 223 TERRACE Address: City-St-Zip: MIAMI, FL 33190

Title: () Delete GUZMAN-APONTE, RAFAEL Name:

Address: 22125 SW 88 PATH City-St-Zip: MIAMI, FL 33157

Title: () Delete COLE-WOOD, MARY L Name: 8082 SW 173 TERRACE Address: City-St-Zip: PALMETTO BAY, FL 33157

Title: ( ) Delete Name: HANKINS, MICHEAL 8863 SW 220 LANE Address: City-St-Zip: MIAMI, FL 33190

Title: () Delete NAOBLCO, ADRIENE Name: 8886 SW 221 TERRACE Address: City-St-Zip: MIAMI, FL 33190

Title: () Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

RIANO, DENISE Name: Address: P.O. BOX 402507 City-St-Zip: MIAMI BEACH, FL 33140

Title: (X) Change ( ) Addition

Name: KNAPP, FRED Address: P.O. BOX 402507 City-St-Zip: MIAMI BEACH, FL 33140

Title: (X) Change ( ) Addition

COLE-WOOD, MARY L Name: P.O. BOX 402507 Address: City-St-Zip: MIAMI BEACH, FL 33140

Title: (X) Change ( ) Addition

NOLASCO, ADRIENE Name: Address: P.O. BOX 402507 City-St-Zip: MIAMI BEACH, FL 33140

Title: (X) Change ( ) Addition

HANKINS, MICHAEL Name: P.O. BOX 402507 Address: City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change (X) Addition

ETTER, STEPHANIE Name: Address: P.O. BOX 402507 MIAMI BEACH, FL 33140 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: DENISE RIANO Ρ 04/28/2009