

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 045 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000004711	
1. Entity Name PALERMO LAKES, INC.	

40109834

Principal Place of Business 300 NW 12 AVE MIAMI, FL 33128	Mailing Address 300 NW 12 AVE MIAMI, FL 33128
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2. Principal Place of Business - No P.O. Box # 1580 Sawgrass Corp. Pkwy	3. Mailing Address 1580 Sawgrass Corp. Pkwy
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210

06272008 Chg-NP CR2E037 (12/06)

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33323-2869	Country USA

4. FEI Number 80-0250767	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTORANO, SALVATORE 300 NW 12TH AVE MIAMI, FL 33128	7. Name and Address of New Registered Agent Name Steve Protulis Street Address (P.O. Box Number is Not Acceptable) 1580 Sawgrass Corporate Parkway Suite 210 City Fort Lauderdale FL 33323-2869
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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 **Steve Protulis** *Steve Protulis* 7/1/08
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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIBLEY, RUSSELL A JR 300 NW 12 AVE MIAMI, FL 33128 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARTORANO, SAL 300 NW 12 AVE MIAMI, FL 33128 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLE, CARLOS 300 N.W. 12 AVE MIAMI, FL 33128 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALGAZE, PATRICIA 300 N.W. 12 AVE MIAMI, FL 33128 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-IGLESIAS, EMILIO 300 NW 12 AVE MIAMI, FL 33128 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANKSTEIN, ALAN 300 NW 12 AVE MIAMI, FL 33128 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Morton Bahr 2737 Devonshire Place, N.W., Unit 220 Washington, DC 20008 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Tony Fransetta 12773 West Forest Hill Blvd., Suite 211 Wellington, FL 33414 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Susan Phillips 7207 Maple Avenue Takoma Park, MD 20912 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Maria Cordone 9000 Machinists Place Upper Marlboro, MD 20772 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Protulis 1580 Sawgrass Corporate Parkway, Suite 210 Ft. Lauderdale, FL 33323 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Elena Dominguez 300 NW 12th Ave Miami, FL 33128 ☐ Change ☒ Addition

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 empowers.

SIGNATURE: **Steve Protulis, Director** *Steve Protulis* 7/1/08 954-835-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #