2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000009012

TILED
Jul 01, 2009
Secretary of State

Entity Name: PALM VILLAS CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business: New Principal Place of Business:

325-329-335 WEST 68 STREET HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

C/O PENINSULA REAL ESTATE P.O. BOX 29-7255

2026 SW 1 STREET SUITE #6 PEMBROKE PINES, FL 33029 MIAMI, FL 33135

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FEI Number: 72-1587267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DE LA RIONDA, CARLOS

C/O PENINSULA REAL ESTATE INC

2026 SW 1 STREET SUITE #6

MIAMI, FL 33135 US

LAW OFFICE OF JENNIFER R. JORGE, P.A.

1566 CORAL WAY

MIAMI, FL 33145 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: JENNIFER R JORGE 07/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 ALONSO, LAZARO
 Name:

 Address:
 329 WEST 68TH ST #203
 Address:

 City-St-Zip:
 HIALEAH, FL 33014
 City-St-Zip:

Title: SDT () Delete Title: () Change () Addition

 Name:
 CORDOVA, GABINO
 Name:

 Address:
 8845 NW 151 TERRACE
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33018
 City-St-Zip:

Title: DVP () Delete Title: () Change () Addition

 Name:
 PERERA, ISRÁEL
 Name:

 Address:
 6865 W. 3 CT #304
 Address:

 City-St-Zip:
 HIALEAH, FL 33014
 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: GABINO CORDOVA SDT 07/01/2009