


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 021 ****61.25

DOCUMENT # N04000009485					
1. Entity Name SILVER PALMS AT DADELAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7401 SW 82 ST MIAMI, FL 33143		Mailing Address 11981 SW 144 CT SUITE#201 MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2744560 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HABER, ROBERT M 520 BRICKELL KEY DR STE O-305 MIAMI, FL 33131				Name Maria Arias, Esq.	
				Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, #1102	
				City Coral Gables	Zip Code FL 33134
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PADRON, CARLOS E	NAME	Lynda Stone		
STREET ADDRESS	2 ALHAMBRA PLAZA	STREET ADDRESS	7401 SW 82 ST, #102 Miami, FL 33143		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VILA, OSCAR J III	NAME	Joseph Mojica		
STREET ADDRESS	2 ALHAMBRA PLAZA	STREET ADDRESS	7403 SW 82 ST, #311 Miami, FL 33143		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	Sec/Trea <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIAZ, RENE	NAME	Angela Martinez		
STREET ADDRESS	2 ALHAMBRA PLAZA	STREET ADDRESS	7403 SW 82 ST, #108 MIAMI, FL 33143		
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
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			
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			
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>Angela Martinez</u>		Date		Daytime Phone #	