



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90032 025 \*\*\*\*61.25

<b>DOCUMENT # N04000009485</b>					
<b>1. Entity Name</b> SILVER PALMS AT DADELAND CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7401 SW 82 ST MIAMI, FL 33143		<b>Mailing Address</b> 11981 SW 144 CT SUITE#201 MIAMI, FL 33186		<p style="font-size: 24pt; font-weight: bold;">40006802</p> 	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01022007 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 20-2744560	
				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ARIAS, MARIA ESQ 201 ALHAMBRA CIR., # 1102 CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, LYNDA		NAME	RIEK CRUZ	
STREET ADDRESS	7401 SW 82 ST, # 102		STREET ADDRESS	7403 SW 82ST # 101	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOJICA, JOSEPH		NAME	TITO SANCHEZ	
STREET ADDRESS	7403 SW 82 ST # 311		STREET ADDRESS	7401 SW 82ST # 206	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ANGELA		NAME		
STREET ADDRESS	7403 SW 82 ST, # 108		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		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		
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					