

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004155

FILED  
Jun 12, 2007  
Secretary of State

Entity Name: THE PALMS NL CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

124 ONE 3RD STREET  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

9900 WEST SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS,, FL 33065

**Current Mailing Address:**

P.O. BOX 30523  
FT LAUDERDALE, FL 33303

**New Mailing Address:**

9900 WEST SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS,, FL 33065

FEI Number: 20-2931633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FARRIS, KIP  
124 NE 3RD ST  
POMPANO BEACH, FL 33060      US

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

SOLOMON, MICHAEL A  
9900 WEST SAMPLE ROAD  
SUITE 300  
CORAL SPRINGS,, FL 33065 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: MICHAEL A. SOLOMON

06/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ARONSON, ALAN  
Address: 708 SW 81ST AVE #5B  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VD      ( ) Delete  
Name: FARQUHARSON, SANDRA  
Address: 722 SW 81 AVE #10A  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DST      ( ) Delete  
Name: RUMINER, DAVID  
Address: 2547 MCKINLEY ST  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: ALAN ARONSON

PRES

06/12/2007

Electronic Signature of Signing Officer or Director

Date