

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004155

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE PALMS NL CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

C/O MLM PROPERTY MANAGEMENT
9900 W. SAMPLE ROAD SUITE 300
CORAL SPRINGS,, FL 33065

New Principal Place of Business:

Current Mailing Address:

C/O MLM PROPERTY MANAGEMENT
9900 W. SAMPLE ROAD SUITE 300
CORAL SPRINGS,, FL 33065

New Mailing Address:

FEI Number: 20-2931633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 S. PINE ISLAND ROAD
SUITE 540
PLANTATION,, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

Title: TS () 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: D (X) Change () Addition
Name: MITCHELL, BULTHUIS
Address: 9900 W. SAMPLE ROAD SUITE 300
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST (X) Change () Addition
Name: RUMINER, DAVID
Address: 2547 MCKINLEY ST
City-St-Zip: HOLLYWOOD, FL 33020

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

P

04/25/2009

Electronic Signature of Signing Officer or Director

_____ Date