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: New Principal Place of Business: C/O MLM PROPERTY MANAGEMENT 9900 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS,, FL 33065 **New Mailing Address: Current Mailing Address:** C/O MLM PROPERTY MANAGEMENT 9900 W. SAMPLE ROAD SUITE 300 CORAL SPRINGS,, FL 33065 FEI Number: 20-2931633 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: BAKALAR & EICHNER, P.A. 150 S. PINE ISLAND ROAD SUITE 540 PLANTATION,, FL 33324 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: Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

HOLLYWOOD, FL 33020

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HOLLYWOOD, FL 33020

() Delete () Change () Addition ARONSON, ALAN Name: Name: Address: 708 SW 81ST AVE #5B Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FARQUHARSON, SANDRA Name: MITCHELL, BULTHUIS Address: 722 SW 81 AVE #10A Address: 9900 W. SAMPLE ROAD SUITE 300 City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: (X) Change () Addition RUMINER, DAVID Name: RUMINER, DAVID Name: 2547 MCKINLEY ST Address: 2547 MCKINLEY ST Address:

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.

City-St-Zip:

SIGNATURE: ALAN ARONSON P 04/25/2009