

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005093

FILED
Jan 25, 2009
Secretary of State

Entity Name: PALM MADISON APARTMENTS INC.

Current Principal Place of Business:

1710 MADISON ST
MANAGER'S BOX
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1710 MADISON ST
MANAGERS BOX
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-1205738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORR, MARK B P.A.
800 SOUTHEAST THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316 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: WILLIAMS, WALLACE
Address: 1710 MADISON ST UNIT 5
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: T () Delete
Name: GERASSIMOU, EMMANUEL
Address: 1710 MADISON ST UNIT 15
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: S () Delete
Name: REVAY, DOROTHY
Address: 1710 MADISON ST UNIT 10
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D () Delete
Name: GERASSIMOU, ANTOINE
Address: 1710 MADISON ST UNIT 12
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: CHAVATTE, LISE
Address: 1710 MADISON ST UNIT 7
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:

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.

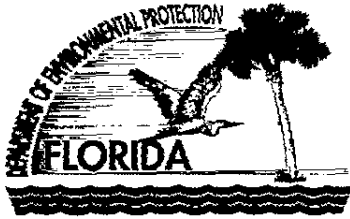
SIGNATURE: EMMANUEL GERASSIMOU

T

01/25/2009

Electronic Signature of Signing Officer or Director

Date



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

NO500000509

1-27-09
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 6, 2009

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify that Oleta River Adventure Association, Inc. is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/mh

Enclosure