

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006527

FILED
Mar 02, 2009
Secretary of State

Entity Name: VILLAS OF PALOMINO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6535 NOVA DR SUITE 106
DAVIE, FL 33317

New Principal Place of Business:

3600 S. CONGRESS AVE
SUITE D
BOYNTON BEAC, FL 33426

Current Mailing Address:

6535 NOVA DR SUITE 106
DAVIE, FL 33317

New Mailing Address:

3600 S. CONGRESS AVE
SUITE D
BOYNTON BEAC, FL 33426

FEI Number: 20-8630035

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:

APOGEE NEW DAWN
3600 S. CONGRESS AVE
SUITE D
BOYNTON BEACH, FL 33426 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: VICKIE OLIVIA

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REICH, DAVID
Address: 6535 NOVA DR SUITE 106
City-St-Zip: DAVIE, FL 33317

Title: VD (X) Delete
Name: PFEFFER, OLIVER
Address: 6535 NOVA DR SUITE 106
City-St-Zip: DAVIE, FL 33317

Title: STD () Delete
Name: SCHULTZ, DAVID
Address: 6535 NOVA DR SUITE 106
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, ARIAN
Address: 3340 PALOMINO DRIVE UNIT #214
City-St-Zip: DAVIE, FL 33024

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

Title: VD (X) Change () Addition
Name: SANTIVASCI, JAMES D
Address: 3315 PALOMINO DRIVE #411
City-St-Zip: DAVIE, FL 33024

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: ARIAN ALVEREZ

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date