

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 14, 2009**  
**Secretary of State**

DOCUMENT# N05000006527

**Entity Name:** VILLAS OF PALOMINO CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3600 S. CONGRESS AVE  
SUITE D  
BOYNTON BEAC, FL 33426**New Principal Place of Business:****Current Mailing Address:**3600 S. CONGRESS AVE  
SUITE D  
BOYNTON BEAC, FL 33426**New Mailing Address:****FEI Number:** 20-8630035**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**APOGEE NEW DAWN  
3600 S. CONGRESS AVE  
SUITE D  
BOYNTON BEACH, FL 33426 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:** PD ( ) Delete  
**Name:** ALVAREZ, ARIAN  
**Address:** 3340 PALOMINO DRIVE UNIT #214  
**City-St-Zip:** DAVIE, FL 33024**Title:** VD ( ) Delete  
**Name:** SANTIVASCI, JAMES D  
**Address:** 3315 PALOMINO DRIVE #411  
**City-St-Zip:** DAVIE, FL 33024**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** STD ( ) Change (X) Addition  
**Name:** PFEFFER, OLIVER  
**Address:** 6535 NOVA DRIVE  
**City-St-Zip:** DAVIE,, FL 33317

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date