

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 05, 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:**3325 PALOMINO DRIVE
DAVIE, FL 33024**Current Mailing Address:**3600 S. CONGRESS AVE
SUITE D
BOYNTON BEAC, FL 33426**New Mailing Address:**11011 SHERIDAN STREET
SUITE 208
COOPER CITY, FL 33026**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:**ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN STREET
SUITE 208
COOPER CITY, FL 33026 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: EZEQUIEL NOYA QUINTANA

10/05/2009

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: STD () Delete
Name: PFEFFER, OLIVER
Address: 6535 NOVA DRIVE
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DILBERT, KEVIN
Address: 7400 PALOMINO DRIVE #517
City-St-Zip: DAVIE, FL 33024

Title: STD (X) Change () Addition
Name: DILBERT, KEVIN
Address: 7400 PALOMINO DRIVE #517
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: JAMES SANTIVASCI

PD

10/05/2009

Electronic Signature of Signing Officer or Director

Date