

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008794

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** PALMERA POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2030 DOUGLAS ROAD  
SUITE#108  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2030 DOUGLAS ROAD  
SUITE#108  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 03-0578186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORERA, JORGE  
2030 DOUGLAS ROAD  
SUITE#108  
CORAL GABLES, FL 33134 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: VELOCCI, RALPH  
Address: 2030 DOUGLAS ROAD SUTIE#108  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VD ( ) Delete  
Name: ARISSO, ALBERT  
Address: 2030 DOUGLAS ROAD SUTIE#108  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DTS ( ) Delete  
Name: MORERA, JORGE  
Address: 2030 DOUGLAS ROAD SUTIE#108  
City-St-Zip: CORAL GABLES, FL 33134 US

**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:

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: JORGE MORERA

DTS

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date