

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009224

FILED
Apr 06, 2009
Secretary of State

Entity Name: PALMETTO BAY VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9730 EAST HIBISCUS STREET
SUITE C
MIAMI, FL 33157

New Principal Place of Business:

9710 E INDIGO STREET
SUITE 102
MIAMI, FL 33157

Current Mailing Address:

9730 EAST HIBISCUS STREET
SUITE C
MIAMI, FL 33157

New Mailing Address:

9710 E INDIGO STREET
SUITE 102
MIAMI, FL 33157

FEI Number: 02-0767687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILL, JOY B
9100 SO. DADELAND BLVD
SUITE 504
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

BAUER, CHARLES
9710 E INDIGO STREET
SUITE 301
MIAMI, FL 33157 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: CHARLES BAUER

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAUER, CHARLES R
Address: 9730 EAST HIBISCUS STREET, SUITE C
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: RAPANOS, JOHN
Address: 9730 EAST HIBISCUS STREET, SUITE C
City-St-Zip: MIAMI, FL 33157

Title: TD (X) Delete
Name: PARSONS, ANTHONY
Address: 9730 EAST HIBISCUS STREET, SUITE C
City-St-Zip: MIAMI, FL 33157

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: CHARLES BAUER

MGR

04/06/2009

Electronic Signature of Signing Officer or Director

Date