

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


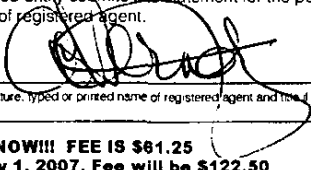
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 PM 2:31

REINSTATEMENT 06



12142006 REIN-NP CR2E099 (11/05)

DOCUMENT # N05000009455			
1. Entity Name PALMETTO BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9750 SW 92 AVE MIAMI, FL 33176		Mailing Address 9750 SW 92 AVE MIAMI, FL 33176	
2. Principal Place of Business 9751 Wayne Avenue Suite, Apt. #, etc.		3. Mailing Address 2011 W. 62nd Street Suite, Apt. #, etc.	
City & State Palmetto bay, FL		City & State Hialeah, FL	
4. FEI Number 20-3874172		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, GILBERT 9750 SW 92 AVE MIAMI, FL 33176		7. Name and Address of New Registered Agent Name American Management & Realty Inc. Street Address (P.O. Box Number is Not Acceptable) 2011 W. 62nd Street City Hialeah FL Zip Code 33016	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 12-14-06	
Signature: typed or printed name of registered agent and fee, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$81.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, JORGE 9750 SW 92 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Luis Guerrero 9751 Wayne Avenue #6 Palmetto Bay, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIAZ, ANA C 9750 SW 92 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mark Brown 8620 SW 163 Terrace Miami, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOMEZ, GILBERT 9750 SW 92 AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rebecca Gernert 15600 N.W. 69 Ave Ste. 101 Miami Lakes, FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082647481 12/19/06--01056--009 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Luis Guerrero President		Date: 12/14/06 Daytime Phone #: 3055589820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	