


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000009455**

1. Entity Name  
**PALMETTO BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>9751 WAYNE AVENUE          PALMETTO BAY, FL 33157</b>	Mailing Address <b>C/O AMERICAN MANAGEMENT          2011 W. 62ND STREET          HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3874172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN MANAGEMENT & REALTY, INC.  
 2011 WEST 62ND STREET  
 HIALEAH, FL 33016**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRERO, LUIS 9751 WAYNE AVENUE, #6 PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MARK 8620 S.W. 163 TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERNERT, REBECCA 15600 N.W. 67 AVENUE, STE 101 MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000892751  
 04/23/08-80079-001-61.25

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: *[Signature]* **3-27-08 (305)558-9820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputy Phone #