

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010433

FILED
May 16, 2006
Secretary of State

Entity Name: BREEZES AT PALM AIRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1200 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

1200 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSCHETTI, LUIS R
1200 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RAULIN, KURT A
1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 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: KURT A. RAULIN

05/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOSCHETTI, LUIS R
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: BODE, ODALYS
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: EMAMDEE, CAROL
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOSCHETTI, LUIS R
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: BODE, ODALYS
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: EMAMDEE, CAROL
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS R. BOSCHETTI

P

05/16/2006

Electronic Signature of Signing Officer or Director

Date