

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010433

FILED  
May 08, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-4186633      **FEI Number Applied For ( )**      **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:**

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

GUARCH, JR., J. M  
255 UNIVERSITY DRIVE  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: GERARDO, PALACIOS  
Address: 1200 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

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

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

**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: GERARDO PALACIOS

DP

05/08/2007

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

\_\_\_\_\_  
Date