## 2006 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

## Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT 04-27-2006 90180 007 \*\*\*\*61.25 DOCUMENT # N05000012644 PALM GARDENS AT DORAL MASTER ASSOCIATION. INC. 40066120 Principal Place of Business Mailing Address 730 N.W. 107TH AVENUE 730 N.W. 107TH AVENUE 4TH FLOOR 4TH FLOOR MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 20-39 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATRICIA KIMBALL FLETCHER, P.A. % DUANE MORRIS, LLP Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be $\Box$ Due by May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 11. TITLE ☐ Defete MLE ☐ Addition Change HENDERSON, MERCEDES NAME NAME 730 N.W. 107TH AVENUE FOURTH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP TITLE Delete TITLE ☐ Channe Addition MCPHERSON, GREG NAME NAME STREET ADDRESS 730 N.W. 107TH AVENUE FOURTH FLOOR STREET ADDRESS CITY-ST-ZiP MIAMI, FL 33172 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIERRA, SYLVIA NAME NAME STREET ADDRESS 730 N.W. 107TH AVENUE FOURTH FLOOR STREET ADDRESS CITY-ST-7IP MIAMI, FL 33172 CITY-ST-7IP TITLE ☐ Delete tiπε ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 preciver 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.

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