2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N05000012644

Entity Name: PALM GARDENS AT DORAL MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7300 NW 114 AVE.
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

7310 NW 114 AVE
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-3975618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALABAMA CIRCLE
SUITE #1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
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: ANDRES CUEVAS 03/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RODOLFO, ANEZ
Address: 7310 NW 114 AVE
City-St-Zip: DORAL, FL 33178

Title: VPD3 ( ) Delete
Name: PERAZA, ALFREDO
Address: 7310 NW 114 AVE
City-St-Zip: DORAL, FL 33178

Title: STD ( ) Delete
Name: ROTOLO, ALBERTO
Address: 7310 NW 114 AVE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VIZCARRONDO, ALFREDO
Address: 7310 NW 114 AVE
City-St-Zip: DORAL, FL 33178

Title: VPDT (X) Change ( ) Addition
Name: ROTOLO, ALBERTO
Address: 7310 NW 114 AVE.
City-St-Zip: DORAL, FL 33178

Title: SD (X) Change ( ) Addition
Name: ANEZ, RODOLFO
Address: 7310 NW 114 AVE
City-St-Zip: DORAL, FL 33178

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: ALFREDO VIZCARRONDO PD 03/16/2009
Electronic Signature of Signing Officer or Director — Date