


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 013 ****61.25

DOCUMENT # N05000012647 1. Entity Name PALM GARDENS AT DORAL CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7300 NW 107 AVENUE DORAL, FL 33178			Mailing Address 730 NW 107TH AVENUE SUITE 400 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
02202008 Chg-NP CR2E037 (12/06)		4. FEI Number 20-3975888			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name BEN SOLOMON Street Address (P.O. Box Number is Not Acceptable) 1666 Kennedy Causeway Suite 302 City North Bay Village FL Zip Code 33141		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, MERCEDES 730 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERRERA, MARIA CAROLINA 730 NW 107 AVENUE SUITE 400 MIAMI FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCPHERSON, GREG 730 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AVILA, MIGUEL 730 NW 107 AVENUE SUITE 400 MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIERRA, SYLVIA 730 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/08 Daytime Phone # _____			

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