2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N05000012647

Entity Name: PALM GARDENS AT DORAL CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7300 NW 107 AVENUE
DORAL, FL 33178

New Principal Place of Business:

7310 NW 114 AVENUE
DORAL, FL 33178

Current Mailing Address:

730 NW 107TH AVENUE
SUITE 400
MIAMI, FL 33172

New Mailing Address:

7310 NW 114 AVE
MIAMI, FL 33178

FEI Number: 20-3975888 **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:

ASSOCIATION LAW GROUP, P.L.
1666 KENNEDY CAUSEWAY
SUITE 305
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: HERRARA, MARIA C
Address: 730 NW 107TH AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete
Name: AVILA, MIGUEL
Address: 730 NW 107TH AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33172

Title: STD ( ) Delete
Name: SIERRA, SYLVIA
Address: 730 NW 107TH AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33172

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: MARIA CAROLINA HERRERA PD 07/01/2009

Electronic Signature of Signing Officer or Director — Date