

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90022 040 ****61.25

DOCUMENT # N05000012660 1. Entity Name PALM GARDENS AT DORAL CONDOMINIUM NO. 2 ASSOCIATION, INC.					
Principal Place of Business 7300 NW 114 AVE MIAMI, FL 33178			Mailing Address 7300 NW 114 AVE MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 7310 NW 114 Ave Suite, Apt. #, etc.			
City & State Zip Country		City & State Doral Fla Zip Country 33178		4. FEI Number 20-3976314	
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: SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite # 1102 City Coral Gables FL Zip Code 33178	
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: Helio De La Torre <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	DP HENDERSON, MERCEDES 730 NW 107TH AVE, STE 400 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alfredo Peraza 7310 NW 114 Ave Doral FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCPHERSON, GREG 730 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition German Restrepo 7310 NW 114 Ave Doral FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SIERRA, SYLVIA 730 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodolfo Anez 7310 NW 114 Ave Doral FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lia Martinez 7310 NW 114 Ave Doral FL 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Alberto Rotolo 7310 NW 114 Ave Doral FL 33178		
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:		1/29/08 786-367-4011			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			