


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90024 047 ****61.25


DOCUMENT # N05000012661		
1. Entity Name PALM GARDENS AT DORAL CONDOMINIUM NO. 1 ASSOCIATION, INC.		

Principal Place of Business 730 NW 107TH AVE, SUITE 400 MIAMI, FL 33172	Mailing Address 730 NW 107TH AVE, SUITE 400 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 7300 NW 114 AVE	3. Mailing Address 7330 N.W. 114 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #106

City & State MIAMI FL	City & State MIAMI FL
Zip 33178	Zip 33178
Country USA	Country USA

40012704



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3976189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, MERCEDES	NAME	
STREET ADDRESS	730 NW 107TH AVE, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, GREG	NAME	
STREET ADDRESS	730 NW 107TH AVE, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, SYLVIA	NAME	
STREET ADDRESS	730 NW 107TH AVE, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 Mercedes Henderson _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____