2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State
02-18-2008 90017 015 ****61.25

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1. Entity Name
PONTE VERDE AT PALM BEACH LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 VILLAGE BLVD. W. PALM BCH, FL 33409	1401 VILLAGE BLVD. W. PALM BCH, FL 33409

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01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-5397615
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D ESQ.
555 NE 15TH ST., SUITE 100
MIAMI, FL 33132

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POYASTRO, MIGUEL
STREET ADDRESS	8500 SW 8TH ST., SUITE 228
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VD
NAME	HERRAN, EMILIANO
STREET ADDRESS	8500 SW 8TH ST., SUITE 228
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	STD
NAME	VALDEZ, ANGEL
STREET ADDRESS	8500 SW 8TH ST., SUITE 228
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/8/08 305-225-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #