2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 JUN 24 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000067

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

06032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / Country

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

7. Name and Address of New Registered Agent

Name: BRAUGH, CHADROW & LEVINE, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1900 N. COMMERCE PARKWAY
City: WESTON FL Zip Code: 33326

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: Scott J. Levine, Esq. for Braugh, Chadrow & Levine P.A. DATE: 6/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 POYASTRO, MIGUEL 8500 SW 8TH ST., SUITE 228 MIAMI, FL 33144	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HERRAN, EMILIANO 8500 SW 8TH ST., SUITE 228 MIAMI, FL 33144	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VALDEZ, ANGEL 8500 SW 8TH ST., SUITE 228 MIAMI, FL 33144	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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07/02/08--01010--007 **61.25

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: [signature] 6/5/08 305-225-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 6/25