


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90057 041 ****61.25

DOCUMENT # N0600000905

1. Entity Name
SILVER PALM PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **7971 SW 89TH TERRACE MIAMI, FL 33156**

Mailing Address: **9000 SW 152 ST 102 MIAMI, FL 33157**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40051084



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number **20-4207121**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROQEL, DAVID ESQ
 BECKER & POLIAKOFF P.A.
 121 ALHAMBRA PLAZA 16TH FLOOR
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SIEGEL, PAM	
STREET ADDRESS	11054 SW 79TH PATH	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEXLER, STEVE	
STREET ADDRESS	11104 SW 79TH PATH	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUSSO, TODD	
STREET ADDRESS	7953 SW 11TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARGOMANIZ, AL	
STREET ADDRESS	7921 SW 110 TERR	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, ARTHUR	
STREET ADDRESS	7963 SW 111 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____