2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N06000003266

1. Entity Name

SILVER PALMS NL CONDOMINIUM ASSOCIATION INC.



FILED
Mar 17, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

7100 WEST COMMERCIAL BLVD. SUITE #107 LAUDERHILL, FL 33319 7100 WEST COMMERCIAL BLVD. SUITE #107 LAUDERHILL, FL 33319



DO NOT WRITE IN THIS SPACE

 02062008
 No Chg-NP
 CR2E037 (4/06)

 4. FEI Number
 Applied For Not Applicable

 5. Cattleste of Status Posical
 \$8.75 Additional

5. Certificate of Status Desired

♦8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMBASSADOR COMMUNITY MANGEMENT, INC. 7100 WEST COMMERCIAL BLVD., #107 LAUDERHILL, FL 33319

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	fice or r	egistered age	ent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent)			t signature	required when re	einstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution.		\$5.00 M Added to F	lay Be ees	
10.	OFFICERS AND DIRECTORS					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDLEY, ROGER 7100 WEST COMMERCIAL BLVD. SUITE #107 LAUDERHILL, FL 33319					U00000861185 04/02/08-80093-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PFENNIGER, MARCUS 7100 WEST COMMERCIAL BLVD. S LAUDERHILL, FL 33319	UITE #107				
NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, SAMARI 7100 WEST COMMERCIAL BLVD. S LAUDERHILL, FL 33319	UITE #107		شاهر المستحدد	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		as i	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayt

Daytime Phone #