2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006311

FILED Apr 27, 2009 Secretary of State

Entity Name: PALM BEACH PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

201 ALHAMBRA CIRCLE 1780 WINDORAH WAY

SUITE 601 WEST PALM BEACH, FL 33411 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

201 ALHAMBRA CIRCLE 396 ALHAMBRA CIRCLE

SUITE 601 SUITE 230

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 20-5193153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEAR, DAVID 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Floatenia Cinnatura of Danistana d Annat

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: MAROCK, REGAN Name: TRUTMANN, DANNY
Address: 396 ALHAMBRA CIRCLE SUITE 230 Address: 201 ALHAMBRA CIR, SUITE 601

Address: 396 ALHAMBRA CIRCLE SUITE 230 Address: 201 ALHAMBRA CIR, SUITE 601 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Name: CRUZ, KATALINA Name: VALLES, CHRISTINA

Address: 396 ALHAMBRA CIRCLE SUITE 230 Address: 201 ALHAMBRA CIR, SUITE 601
City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Name: SAFI, LENA Name: SAFI, LENA

Address: 396 ALHAMBRA CIRCLE SUITE 230
City-St-Zip: CORAL GABLES, FL 33134
Address: 396 ALHAMBRA CIRCLE SUITE 230
City-St-Zip: CORAL GABLES, FL 33134
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY TRUTMANN P 04/27/2009