

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010777

FILED
Jul 09, 2007
Secretary of State

Entity Name: JADE AT TAMPA PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16801 TAMPA PALMS BLVD. WEST
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16801 TAMPA PALMS BLVD. WEST
TAMPA, FL 33647

New Mailing Address:

16554 CAGAN CROSSINGS BLVD
SUITE 4
CLERMONT, FL 34714

FEI Number: 20-8147214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZARENTSKY, LOUIS D.ESQ.
16801 TAMPA PALMS BLVD. WEST
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POYASTRO, MIGUEL
Address: 8500 SW 8TH ST., SUITE 228
City-St-Zip: MIAMI, FL 33144

Title: VD () Delete
Name: HERRAN, EMILIANO
Address: 8500 SW 8TH ST., SUITE 228
City-St-Zip: MIAMI, FL 33144

Title: STD () Delete
Name: VALDEZ, ANGEL
Address: 8500 SW 8TH ST., SUITE 228
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIGUEL POYOSTRO

PD

07/09/2007

Electronic Signature of Signing Officer or Director

_____ Date