

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011016

FILED  
Jan 31, 2007  
Secretary of State

**Entity Name:** MEDLEY PALMS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD #400  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

141 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4000 PONCE DE LEON BLVD #400  
CORAL GABLES, FL 33146

**New Mailing Address:**

141 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, MANUEL F ESQ  
4000 PONCE DE LEON BLVD #400  
CORAL GABLES, FL 33146 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: DPS ( ) Delete  
Name: FONTE, AUGUSTO  
Address: 1800 SW 27 AVE STE 201  
City-St-Zip: MIAMI, FL 33145

Title: DVT ( ) Delete  
Name: VIVO, RENE  
Address: 1800 SW 27 AVE STE 201  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: GAMBIN, FRANK  
Address: 1800 SW 27 AVE STE 201  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: FONTE, AUGUSTO  
Address: 141 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVT (X) Change ( ) Addition  
Name: VIVO, RENE  
Address: 141 ALMERIA  
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition  
Name: GAMBIN, FRANK  
Address: 141 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: AUGUSTO FONTE

DPS

01/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date