


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90050 002 ****61.25

DOCUMENT # N06000011218

1. Entity Name
PUERTA DE PALMAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**888 S DOUGLAS RD
 CORAL GABLES, FL 33134-3125**

Mailing Address
**888 S DOUGLAS RD
 CORAL GABLES, FL 33134-3125**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01292008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5751750 Applied For
 Not Applicable

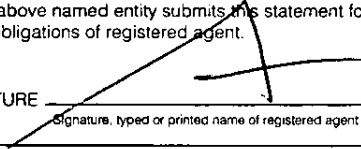
5. Certificate of Status Desired **\$8.75** Additional Fee Required.



6. Name and Address of Current Registered Agent
**ROSEN, PAUL E
 1840 MAIN STREET, SUITE 204
 WESTON, FL 33326-3685**

7. Name and Address of New Registered Agent
 Name **Bector & Poliakoff, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
Attn: Gary A Poliakoff, J.D., President
3111 S Stirling Road
 City **Fort Lauderdale** FL Zip Code **33312-6525**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **2/1/2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSEN, PAUL E 1840 MAIN ST STE 204 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS AUKER, SCOTT 1010 SEMINOLE DR STE 310 FT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEHAR, LARRY 888 SE 3RD AVE #400 FT LAUDERDALE, FL 33416	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **PAUL EARL ROSEN** Date **2/1/08** Daytime Phone # **786-953-1888**