2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000011218

GOLTZER, ROXANNA

PINECREST, FL 33156

1125 S DIXIE HWY

Name: Address:

City-St-Zip:

Tovided FILED Nov 06, 2009

Secretary of State

Entity Name: PUERTA DE PALMAS CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 888 S DOUGLAS RD CORAL GABLES, FL 331343125 **Current Mailing Address: New Mailing Address:** C/O THE CONTINENTAL GROUP, INC. C/O CASTLE GROUP, INC 11981 SW 144 CT STE#201 P.O. BOX 559009 MIAMI, FL 33186 FT. LAUDERDALE, FL 33355 FEI Number: 20-5751750 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: BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD US FORT LAUDERDALE, FL 33312 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Change () Addition () Delete ROSEN, PAUL E Name: Name: 1840 MAIN ST STE 204 Address: Address: WESTON, FL 33326 City-St-Zip: City-St-Zip: Title: DVS () Delete Title: () Change () Addition Name: AUKER, SCOTT Name: Address: 1010 SEMINOLE DR STE 310 Address: City-St-Zip: FT LAUDERDALE, FL 33304 City-St-Zip: Title: DS () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. DONNELLY MGR 11/06/2009