

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90196 028 ****61.25

DOCUMENT # N07000002637					
1. Entity Name PALOMA LAKES CONDOMINIUM NO. 1 ASSOCIATION, INC.					
Principal Place of Business 8151 PETERS RD CROSSROADS BLDG #2 SUITE 1000 PLANTATION, FL 33324			Mailing Address 8151 PETERS RD CROSSROADS BLDG #2 SUITE 1000 PLANTATION, FL 33324		
2. Principal Place of Business - No P.O. Box # Miami Mgmt Suite, Apt. #, etc. 1145 Sawgrass Corp Pkwy City & State Sunrise FL Zip 33323 Country USA		3. Mailing Address Miami Mgmt Suite, Apt. #, etc. 1145 Sawgrass Corp Pkwy City & State Sunrise FL Zip 33323 Country USA		04112008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-8651654 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DUANE MORRIS LLP 200 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name: David Arnold Street Address (P.O. Box Number is Not Acceptable): Association Law Group P.O. Box #15848 1666 KENNEDY CWAY, SUITE 305 City: PALM BEACH, FL Zip Code: 33411				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, the registered agent. SIGNATURE: <u>David C Arnold</u> MANAGING PARTNER ASSOCIATION LAW GROUP (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/16/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHRAGER, MARLENE 8151 PETERS RD CROSSROADS BLDG #2 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP maria Carolina Herrera 1145 Sawgrass Corp Pkwy Sunrise FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAPALE, MICHAEL 8151 PETERS RD CROSSROADS BLDG #2 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP/T Sylvia Maggie Sierra 1145 Sawgrass Corp Pkwy Sunrise FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMINGS, KENDALL 8151 PETERS RD CROSSROADS BLDG #2 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS miguel Avila 1145 Sawgrass Corp Pkwy Sunrise FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>[Signature]</u>				Date: <u>4/30/08</u> Daytime Phone #	