


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N09877</b> 1. Entity Name PALMA REAL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9415 SUNSET DRIVE SUITE # 149 MIAMI, FL 33173	Mailing Address 9415 SUNSET DRIVE SUITE # 149 MIAMI, FL 33173
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03052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2547508	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MELONI, EDOARDO 900 SW 40TH AVENUE PLANTATION, FL 33317
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASTANO, ELVIRA 9415 SUNSET DRIVE STE. # 149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALACIO, ROSABEL 9415 SUNSET DRIVE STE. # 149 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARACINO, FILLIPPO 9415 SUNSET DRIVE STE. # 149 MIAMI, FL 33173
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03/26/08 80044-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/6/08 (305) 630-3660