

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N12794

1. Entity Name
PALMETTO LAKES PLAZA "B" CONDOMINIUM, INC.



Principal Place of Business
**8012 W 21ST AVENUE
UNIT B1
HIALEAH, FL 33016 US**

Mailing Address
**8012 W 21ST AVENUE
UNIT B1
HIALEAH, FL 33016 US**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1882508

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JORDAN, JOHN M
11231 NW 62 COURT
HIALEAH, FL 33012**

**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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	HOUCK, JAMES S
STREET ADDRESS	8012 W 21ST AVENUE
CITY - ST - ZIP	HIALEAH, FL 330161822
TITLE	DST
NAME	HOUCK, LAURA
STREET ADDRESS	8012 W 21 AVE
CITY - ST - ZIP	HIALEAH, FL 330161822
TITLE	PD
NAME	JORDAN, JOHN M
STREET ADDRESS	11231 NW 62 CT
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000227783
02/14/05-80012-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #