


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N45878 1. Entity Name LAS PALMAS TOWNHOMES ASSOCIATION, INC.	
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Principal Place of Business 7901 NW 33 ST., SUITE 8 HOLLYWOOD, FL 33024	Mailing Address 7901 NW 33 ST., SUITE 8 HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE



03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0299998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALONE, MICHAEL J 7901 N.W. 33 STREET, UNIT 3 HOLLYWOOD, FL 33024
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALONE, MICHAEL J 7901 NW 33RD ST UNIT 3 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAMMER, DAWN 7901 NW 33 ST, UNIT 7 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALM, JANIE 7901 NW 33 ST, UNIT 8 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/08-80022-021 61.25

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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: Michael J. Salone **MICHAEL J SALONE** 3-1-08 ^{(954) 436-}
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #