

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50845

FILED
Feb 25, 2008
Secretary of State

Entity Name: PALM GARDEN OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

752-760 MERIDIAN AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402336
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0382656 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BENNETT, JOAN
763 41ST STREET
SUITE C
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: ZAID, BARRY
Address: 752 MERIDIAN AVE #19
City-St-Zip: MIAMI BEACH, FL 33139

Title: T/D () Delete
Name: WASSERMAN, DOLLY
Address: 7230 MIAMI LAKES WAY
City-St-Zip: MIAMI LAKES, FL 33014

Title: S/D () Delete
Name: ABIGAIL, GOODNOUGH
Address: 756 MERIDIAN AVE. #12 A
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: WHITLEY, JANNA
Address: 760 MERIDIAN AVE #3
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MIRABILE, ELVIRA
Address: 752 MERIDIAN AVE #18
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: BULLORD, JASMINE
Address: 760 MERIDIAN AVE. #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REILL, DOMINIQUE
Address: 756 MERIDIAN AVE #12A
City-St-Zip: MIAMI BEACH, FL 33139

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.

SIGNATURE: BARRY ZAID

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date