

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002201

FILED  
Feb 16, 2006  
Secretary of State

**Entity Name:** THE PALM ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5730 S.W. 100 ST.  
PINECREST, FL 331562015

**New Mailing Address:**

**FEI Number:** 65-0641237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARAN, FERNANDO S.  
ARAN, CORREA & GUARCH, PA  
710 S DIXIE HWY  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

ARAN, FERNANDO S.  
ARAN, CORREA & GUARCH, PA  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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:

02/16/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARTINEZ, CARLOS  
Address: 5756 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: ARAN, FERNANDO S  
Address: 5730 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: VILLAR, LUIS  
Address: 5738 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: MACHADO, LUIS  
Address: 5746 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: SABATER, CARLOS  
Address: 5764 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: MARTINEZ, EMILIO  
Address: 5772 SW 100 ST  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FERNANDO ARAN

D

02/16/2006

Electronic Signature of Signing Officer or Director

Date