

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002201

FILED
Feb 27, 2009
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 & SHAPIRO, PA
255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARAN, FERNANDO S.
ARAN CORREA GUARCH & SHAPIRO, 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: FERNANDO S ARAN

02/27/2009

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
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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 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: CARLOS MARTINEZ

D

02/27/2009

Electronic Signature of Signing Officer or Director

Date