

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

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90083 026 \*\*\*\*61.25

**DOCUMENT # N97000000027**

1. Entity Name  
VILLAGE PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

13200 SW 128 STREET  
SUITE E1  
MIAMI, FL 33186

Mailing Address

13200 SW 128 STREET  
SUITE E1  
MIAMI, FL 33186

40004025



01052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0765702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDRISKE, NELSON  
13200 SW 128 STREET  
SUITE E1  
MIAMI, FL 33186

**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

*Nelson Hendriske*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
1/18/05

**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	PD
NAME	HENDRISKE, NELSON J
STREET ADDRESS	13200 SW 128 ST, STE E1
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD
NAME	PALUCCI, OCTAVIO
STREET ADDRESS	13200 S.W. 128TH ST., BLDG H
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	STD
NAME	BRUNA, JUAN
STREET ADDRESS	13200 S.W. 128TH ST., BLDG. C
CITY-ST-ZIP	MIAMI, FL 33186

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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:

*Nelson Hendriske*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
1/18/05

Daytime Phone #