NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91602 006 ****70.00

DOCUMENT # N98000000943

1. Entity Name
Palm towers/Palm Courts Resident Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
930 N.W. 95 St	930 N.W. 95 St
Suite, Apt. #, etc. # A	Suite, Apt. #, etc. # A
City & State Miami FL	City & State Miami FL
Zip 33150 Country USA	Zip 33150 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 364218616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Ella Elam

Street Address (P.O. Box Number is Not Acceptable)
930 N.W. 95 St # 305

City Miami **FL** Zip Code 33150

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.

SIGNATURE Ella Elam 5/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Ella Elam
STREET ADDRESS	930 N.W. 95 St #305
CITY-ST-ZIP	Miami FL 33150
TITLE	DVP
NAME	Acosta Abad
STREET ADDRESS	930 N.W. 95 St # 604
CITY-ST-ZIP	Miami FL 33150
TITLE	DS
NAME	Agnes Wilcher
STREET ADDRESS	930 N.W. 95 St # A
CITY-ST-ZIP	Miami FL 33150
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ella Elam 5/12/02 305-835-8280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR