

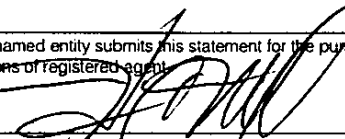
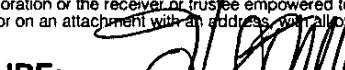


05-27-2008 90045 011 ****70.00

DOCUMENT # N98000002371				Secretary of State 05-27-2008 90045 011 ****70.00	
1. Entity Name PALM - HIBISCUS - STAR ISLANDS ASSOCIATION, INC.					
Principal Place of Business 152 PALM AVENUE MIAMI BEACH, FL 33139		Mailing Address 152 PALM AVENUE MIAMI BEACH, FL 33139			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0962105	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUELLER, HANS C 255 PALM AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  HANS C. MUELLER 5/10/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	ND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, HANS C		NAME	NEIL JARMAH	
STREET ADDRESS	255 PALM AVENUE		STREET ADDRESS	180 PALM AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	ND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLENSKY, MARGIE		NAME	CHRIS OKEAS	
STREET ADDRESS	7 NORTH HIBISCUS DRIVE		STREET ADDRESS	115 WEST 3RD COURT	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, JOSEPH		NAME	SUSAN SILVER	
STREET ADDRESS	119 EAST 1ST CT		STREET ADDRESS	225 NORTH COCONUT LANE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARACIDO, MANUEL		NAME	MARY JO GARDIN	
STREET ADDRESS	270 SOUTH HIBISCUS DRIVE		STREET ADDRESS	333 NORTH HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	ND	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, DONALD		NAME	DONALD LAWSON	
STREET ADDRESS	234 SOUTH COCONUT LANE		STREET ADDRESS	234 SOUTH COCONUT LANE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARAMONTE, ALBERT		NAME		
STREET ADDRESS	375 NORTH HIBISCUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  HANS C. MUELLER 5/10/2008 305-333-0038 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					