

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 001 ****70.00

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1. Entity Name
PALM CREST VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O L&B PROPERTY MGT.
11980 SW 144TH CT #203
MIAMI, FL 33186**

Mailing Address
**C/O L&B PROPERTY MGT.
11980 SW 144TH CT #203
MIAMI, FL 33186**

60022950



02222006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0901912 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LILLIE GIL C.A.M.
11980 SW 144TH CT, #203
MIAMI, FL 33186**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **VARONA, JOSE**
STREET ADDRESS **9001 SW 94 STREET # 116**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, HERNAN**
STREET ADDRESS **9001 SW 94 STREET # 207**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☒ Delete
NAME **MORANTES, RICARDO**
STREET ADDRESS **9001 SW 94TH ST #104**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Hernandez, Hernan**
STREET ADDRESS **9001 SW 94 st. #207**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **T** ☐ Change ☒ Addition
NAME **Lemus, Royd**
STREET ADDRESS **9001 SW 94 st. #103**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **S** ☐ Change ☒ Addition
NAME **Abrante MARIA E**
STREET ADDRESS **9001 SW 94 st. #104**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 305-270-0411

Date

Daytime Phone #