## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000001088

**FILED** Apr 26, 2007 Secretary of State

Entity Name: PALM CREST VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

PALMCREST VILLAS CONDO ASSOC. INC

C/O L&B PROPERTY MGT. 11980 SW 144TH CT #203

9001 SW 94 STREET

MIAMI, FL 33186

MIAMI, FL 33176

**Current Mailing Address:** 

New Mailing Address:

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

PALMCREST VILLAS CONDO ASSOC. INC. 9001 SW 94TH STREET

MIAMI, FL 33176

FEI Number: 65-0901912

MIAMI, FL 33186

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LILLIE GIL C.A.M. 11980 SW 144TH CT. #203 BETANCOURT, INGRID PRESIDE

9401 SW 94 STREET

110

City-St-Zip:

Title:

MIAMI, FL 33176 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.

City-St-Zip:

SIGNATURE: INGRID BETANCOURT

04/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:** 

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition

(X) Change ( ) Addition

LEMUS, ROYD Name: 9001 S.W. 94 ST. #103 Address: City-St-Zip: MIAMI, FL 33176

BETANCOURT, INGRID Name: Address: 9001 S.W. 94 ST. #110

Title: ( ) Delete HERNANDEZ, HERNAN Name:

(X) Change ( ) Addition Title: Name: BETANCOURT, GUSTAVO

MIAMI, FL 33176

Address: 9001 SW 94 STREET # 207

Address: 9001 SW 94 STREET # 208

City-St-Zip: MIAMI, FL 33176

City-St-Zip: MIAMI, FL 33176

Title: () Delete ABRANTE, MARIA E Name: 9001 SW 94TH ST #104 Address:

MIAMI, FL 33176

Name: PAYAN, ROBERTO 9001 SW 94TH ST #111 Address:

City-St-Zip: MIAMI, FL 33176

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: INGRID BETANCOURT **PRES** 04/26/2007