2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# N99000001088

Entity Name: PALM CREST VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PALMCREST VILLAS CONDO ASSOC. INC
9001 SW 94 STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PALMCREST VILLAS CONDO ASSOC. INC.
9001 SW 94TH STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0901912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELANDIA, INGRID
Address: 9001 S.W. 94 ST. #110
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete
Name: BETANCOURT, GUSTAVO
Address: 9001 SW 94 STREET # 208
City-St-Zip: MIAMI, FL 33176

Title: S/T ( ) Delete
Name: PAYAN, ROBERTO
Address: 9001 SW 94TH ST #111
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 BELANDIA P 07/13/2009

Electronic Signature of Signing Officer or Director — Date