


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

05 OCT 17 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 709774					
1. Entity Name PALM BAY CONDOMINIUM, INC.					
Principal Place of Business 770 N.E. 69TH STREET MIAMI, FL 33138 US		Mailing Address 770 N.E. 69TH STREET MIAMI, FL 33138 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1112308	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		
		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.					
70009088857 10/17/06--01010--005 **\$1.25					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NADINE		NAME	GIGI GANATRA	
STREET ADDRESS	770 NE 69 ST., UNIT 5A		STREET ADDRESS	770 NE 69 ST. #6I	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PHIL C		NAME	WILLIAM NATH ISEN	
STREET ADDRESS	770 NE 69 ST., UNIT 8F		STREET ADDRESS	770 NE 69 ST. #2F	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIGI, GANATRA		NAME	JDEL CDHEN	
STREET ADDRESS	770 NE 69 ST., UNIT 6I		STREET ADDRESS	770 NE 69 ST. #3I	
CITY-ST-ZIP	MIAMI, FL 33138		CITY-ST-ZIP	MIAMI-FL 33138	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	OWEN CDNE	
STREET ADDRESS			STREET ADDRESS	770 NE 69 ST. #6D	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI-FL-33138	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WILLIAM R. JOUCE	
STREET ADDRESS			STREET ADDRESS	770 NE 69 ST. #7D	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI-FL 33138	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 title empowered.					
SIGNATURE: <i>William R. Jouce</i>			Date: 9/21/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 305-754-8793		

7c 10/20