


Paid By Check Number: 788 - Paid Amount: \$61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -8 PM 2:57

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|----------------------------|--|---|
| 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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 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 <input type="checkbox"/> Delete | | | |
| TITLE | D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GANATRA, GIGI | NAME | 100123858281 |
| STREET ADDRESS | 770 N.E. 69TH STREET, # 6I | STREET ADDRESS | 04/17/08--01014--012 **61.25 |
| CITY-ST-ZIP | MIAMI, FL 33138 | CITY-ST-ZIP | |
| TITLE | P | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATHISEN, WILLIAM | NAME | |
| STREET ADDRESS | 770 N.E. 69TH STREET, # 2F | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33138 | CITY-ST-ZIP | |
| TITLE | VP | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIPETT, SUSAN | NAME | |
| STREET ADDRESS | 770 NE 69TH ST #7H | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33138 | CITY-ST-ZIP | |
| TITLE | T | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOVELAND, KATHERINE | NAME | |
| STREET ADDRESS | 770 NE 69TH ST #2H | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33138 | CITY-ST-ZIP | |
| TITLE | D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KINSER, SHEILA | NAME | |
| STREET ADDRESS | 770 N.E. 69TH STREET 1G1H | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33138 | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | B 4/8/08 | 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 listed officers. | | | |
| SIGNATURE: <i>William Mathisen</i> | | 3/8/08 305 759-2455 Citywide Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

President BOD Palm Bay Condo

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