

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90149 026 ****61.25

DOCUMENT # 709774



1. Entity Name
PALM BAY CONDOMINIUM, INC.

Principal Place of Business

**770 PALM BAY LANE
MIAMI FL 33138
US**

Mailing Address

**770 PALM BAY LANE
MIAMI FL 33138
US**

20035075



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1112308**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS MANAGEMENT & REALTY CO., INC.
1840 NE 153RD STREET
NORTH MIAMI BEACH FL 33162**

Name **Roberts Management**

Street Address (P.O. Box Number is Not Acceptable)
1840 NE 153 St.

City **No. Miami Bch.** FL Zip Code **33162**

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 *MERRILL SPIVAK*

[Signature]

4-22-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRITCHETT, DAN	
STREET ADDRESS	770 PALM BAY LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SIMCOX, TINA	
STREET ADDRESS	770 PALM BAY LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GALLAGHER, PHIL	
STREET ADDRESS	770 PALM BAY LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOSHOLDER, CORINA	
STREET ADDRESS	770 PALM BAY LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REISS, DAVID	
STREET ADDRESS	700 PALM BAY LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMCOX, TINA	
STREET ADDRESS	770 PALM BAY LN	
CITY-ST-ZIP	MIAMI, FL. 33	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PHIL	
STREET ADDRESS	770 PALM BAY LN	
CITY-ST-ZIP	MIAMI, FL	
TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISS DAVID	
STREET ADDRESS	770 PALM BAY LN	
CITY-ST-ZIP	MIAMI, FL.	
TITLE	DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHETT, DAN	
STREET ADDRESS	770 PALM BAY LN.	
CITY-ST-ZIP	MIAMI, FL. 33	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELAND, KATHY, SEC.	
STREET ADDRESS	770 PALM BAY LN	
CITY-ST-ZIP	MIAMI FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

CR2E037 (10/02)