

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004155

**Entity Name:** THE PALMS NL CONDOMINIUM ASSOCIATION INC.

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC0381837198**

**Current Principal Place of Business:**

C/O MLM PROPERTY MANAGEMENT  
9900 W. SAMPLE ROAD SUITE 300  
CORAL SPRINGS,, FL 33065

**Current Mailing Address:**

C/O MLM PROPERTY MANAGEMENT  
9900 W. SAMPLE ROAD SUITE 300  
CORAL SPRINGS,, FL 33065

**FEI Number: 20-2931633**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES, P.A.  
12470 WEST ATLANTIC BLVD  
POMPANO BEACH, FL 33071 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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ARONSON, ALAN  
Address 9900 W. SAMPLE ROAD SUITE 300  
City-State-Zip: CORAL SPRINGS FL 33065  
  
Title SECRETARY  
Name MATTOS, MARCELLO  
Address C/O MLM PROPERTY MANAGEMENT  
9900 W. SAMPLE ROAD SUITE 300  
City-State-Zip: CORAL SPRINGS, FL 33065

Title VP  
Name LINTON, JULIAN  
Address C/O MLM PROPERTY MANAGEMENT  
9900 W. SAMPLE ROAD SUITE 300  
City-State-Zip: CORAL SPRINGS, FL 33065  
  
Title DIRECTOR  
Name MEZIUS, MATILDE LOUISE  
Address C/O MLM PROPERTY MANAGEMENT  
9900 W. SAMPLE ROAD SUITE 300  
City-State-Zip: CORAL SPRINGS, FL 33065

*I hereby 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 all other like empowered.*

**SIGNATURE: ALAN ARONSON**

**PRESIDENT**

**04/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date