

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007671

**Entity Name:** PALM BREEZE EXECUTIVE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 16, 2017**  
**Secretary of State**  
**CC2560202661**

**Current Principal Place of Business:**

1140 SE 24 ROAD  
HOMESTEAD, FL 33035

**Current Mailing Address:**

8200 NW 33RD STREET, SUITE 300  
KW PROPERTY MANAGEMENT  
MIAMI, FL 33122 US

**FEI Number: 56-2579331**

**Certificate of Status Desired: No**

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

TRIAI, CARLOS M  
2301 NW 87 AVE  
SUITE 501  
MIAMI, FL 33172 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 VP  
Name BARRETO , DENNIS  
Address 8200 NW 33RD STREET, SUITE 300  
City-State-Zip: MIAMI FL 33122

Title SECRETARY, TREASURER  
Name MACCONNELL, CHRIS  
Address 8200 NW 33RD STREET, SUITE 300  
City-State-Zip: MIAMI FL 33122

Title P  
Name AUXIER, CHRIS  
Address 8200 NW 33RD STREET, SUITE 300  
KW PROPERTY MANAGEMENT  
City-State-Zip: MIAMI FL 33122

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: CHRIS MACCONNELL**

**TREASURER/SECRETARY 02/16/2017**

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

\_\_\_\_\_  
Date