

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90043 044 \*\*\*\*61.25

**DOCUMENT # N05119**



1. Entity Name  
**THE PALM CLUB WEST VILLAGE I CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**3720 SAVOY LANE  
WEST PALM BEACH, FL 33417**

Mailing Address  
**3720 SAVOY LANE  
WEST PALM BEACH, FL 33417**

2. Principal Place of Business  
**2328 S. CONGRESS AVENUE**

3. Mailing Address  
**2328 S. CONGRESS AVENUE**

Suite, Apt. #, etc.  
**SUITE 2A**

Suite, Apt. #, etc.  
**SUITE 2A**

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

Zip  
**33406**

Country  
**USA**

Zip  
**33406**

Country  
**USA**

02062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2534805**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DIREKTOR, KENNETH  
500 AUSTRALIAN AVE., SOUTH, 9TH FLOOR  
PALM BCH GARDENS, FL 33410**

## 7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE **VD** ☐ Delete  
NAME **DEDRICK, ROBERT**  
STREET ADDRESS **3720 SAVOY LANE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **TD** ☐ Delete  
NAME **BANNISTER, ROBERT**  
STREET ADDRESS **3720 SAVOY LANE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **SD** ☐ Delete  
NAME **LANDERMAN, NORMAN**  
STREET ADDRESS **3720 SAVOY LANE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **PD** ☐ Delete  
NAME **CARSON, KEITH**  
STREET ADDRESS **3720 SAVOY LANE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **V** ☐ Delete  
NAME **BERMAN, STEPHEN**  
STREET ADDRESS **3664 ALDER DRIVE #123F1**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition  
NAME **DEDRICK, ROBERT**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **TD** ☒ Change ☐ Addition  
NAME **BANNISTER, ROBERT**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **SD** ☒ Change ☐ Addition  
NAME **LANDERMAN, NORMAN**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **PD** ☒ Change ☐ Addition  
NAME **CARSON, KEITH**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **BERMAN, STEPHEN**  
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☒ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRES.**

**4/5/04**