

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50236 (1)
1. Corporation Name
PALM ISLES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445**
Mailing Address: **1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified: **07/30/1992**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **65-0352593**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
**D'ADDARIO, MERLE
1690 SOUTH CONGRESS AVE.
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	D'ADDARIO, MERLE	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVY, JOANN	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DAVIS, ELLIOT A	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	NUNEZ, ANTONIO	
STREET ADDRESS	1690 SO CONGRESS AVE.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVY, RICHARD D.	
STREET ADDRESS	1690 SO. CONGRESS AVE.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, DANIEL	
STREET ADDRESS	7083B SUMMER TREE DRIVE	
CITY - ST - ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elliot A. Davis* **Elliot A. Davis** 2/6/96 407-274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)