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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

1690 SOUTH CONGRESS AVE.
DELRAY BEACH FL 33445

1690 SOUTH CONGRESS AVE.
DELRAY BEACH FL 33445-6385



3. Date Incorporated or Qualified
07/30/1992

3a. Date of Last Report
02/14/1996

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ADDARIO, MERLE
1690 SOUTH CONGRESS AVE.
DELRAY BEACH FL 33445

81 Name
Peter S. Sachs, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
Sachs, Sax & Klein, P.A. No. Trust Pza.
83 301 Yamato Road Suite 4150
84 City BOCA RATON, FL 85 Zip Code 33431

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 *Peter S. Sachs, Esq.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/97

12. Peter S. Sachs, Esq. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME D'ADDARIO, MERLE
STREET ADDRESS 1690 SOUTH CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE Director & President ☒ Change ☐ Addition
1.2 NAME Daniel Cohen
1.3 STREET ADDRESS 7083 Summer Tree Drive
1.4 CITY-ST-ZIP Boynton Beach, FL. 33407

TITLE V ☐ DELETE
NAME LEVY, JOANN
STREET ADDRESS 1690 SOUTH CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE Director & Vice President ☐ Change ☒ Addition
2.2 NAME Gerald Mermelstein
2.3 STREET ADDRESS 7227 Summer Tree Drive
2.4 CITY-ST-ZIP Boynton Beach, FL. 33407

TITLE DST ☐ DELETE
NAME DAVIS, ELLIOT A
STREET ADDRESS 1690 SOUTH CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE Director & Treasurer ☐ Change ☒ Addition
3.2 NAME Mark Hersh
3.3 STREET ADDRESS 7152 Summer Tree Dr. Boynton Beach
3.4 CITY-ST-ZIP Fla. 33437

TITLE AST ☐ DELETE
NAME NUNEZ, ANTONIO
STREET ADDRESS 1690 SO CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE Director & Secretary ☐ Change ☒ Addition
4.2 NAME Arlene Kronman
4.3 STREET ADDRESS 8091 Summer Tree Dr. Boynton Beach
4.4 CITY-ST-ZIP FL. 33437

TITLE AS ☐ DELETE
NAME LEVY, RICHARD D.
STREET ADDRESS 1690 SO. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COHEN, DANIEL
STREET ADDRESS 7083B SUMMER TREE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE *Daniel Cohen* 4/16/97 561-735-8886

CR2E037 (9/96)