


FILE NOW: FILING FEE IS \$61.25

FILED
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 1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445	Mailing Address 1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445-6385
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1992	3a. Date of Last Report 02/14/1996
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0352593	Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	City & State 301 Yamato Road Suite 4150		
				84	City BOCA RATON,	85	Zip Code FL 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.* (NOTE: Registered Agent signature required when reinstating) DATE **4/16/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	Director & President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	CR2E037 (9/96)
NAME	D'ADDARIO, MERLE		1.2 NAME	Daniel Cohen			
STREET ADDRESS	1690 SOUTH CONGRESS AVE.		1.3 STREET ADDRESS	7083 Summer Tree Drive			
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Boynton Beach, Fl. 33407	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	Director & Vice President			
NAME	LEVY, JOANN		2.2 NAME	Gerald Mermelstein			
STREET ADDRESS	1690 SOUTH CONGRESS AVE.		2.3 STREET ADDRESS	7227 Summer Tree Drive			
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	Boynton Beach, Fl. 33407	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	Director & Treasurer			
NAME	DAVIS, ELLIOT A		3.2 NAME	Mark Hersh			
STREET ADDRESS	1690 SOUTH CONGRESS AVE.		3.3 STREET ADDRESS	7152 Summer Tree Dr. Boynton Beach			
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	Fla. 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	AST	<input type="checkbox"/> DELETE	4.1 TITLE	Director & Secretary			
NAME	NUNEZ, ANTONIO		4.2 NAME	Arlene Kronman			
STREET ADDRESS	1690 SO CONGRESS AVE.		4.3 STREET ADDRESS	8091 Summer Tree Dr. Boynton Beach			
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	Fl. 33437	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE				
NAME	LEVY, RICHARD D.		5.2 NAME				
STREET ADDRESS	1690 SO. CONGRESS AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COHEN, DANIEL		6.2 NAME				
STREET ADDRESS	7083B SUMMER TREE DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		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: *Daniel Cohen* 4/16/97 561-735-8886