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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 65-0352593 — Applied For / Not Applicable

2. Principal Place of Business
21 Palm Isles II Condo Ass
Suite, Apt. #, etc.
22 9545 Palm Isles DR
City & State
23 Boynton Bch FL
Zip 24 33436 Country 25 Palm Bch

2a. Mailing Address
26
Suite, Apt. #, etc.
27 SAME
City & State
28
Zip 29 Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACHS, PETER S
SACH, SAX & KLEIN P.A.
301 YAMATO ROAD STE 4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Palm Isles Condo II Assoc
82 Street Address (P.O. Box Number is Not Acceptable): 9545 Palm Isles Drive
83
84 City: Boynton Bch FL 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: [signature] 1/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	COHEN, DANIEL	
STREET ADDRESS	7083 SUMMER TREE DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	V	☒ DELETE
NAME	LEVY, JOANN	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DST	☐ DELETE
NAME	DAVIS, ELLIOT A	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AST	☐ DELETE
NAME	NUNEZ, ANTONIO	
STREET ADDRESS	1690 SO CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AS	☐ DELETE
NAME	LEVY, RICHARD D.	
STREET ADDRESS	1690 SO. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	Director	☐ 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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	MERMELSTEIN GERALD	☐ Change ☒ Addition
2.2 NAME	Vice President + Director	
2.3 STREET ADDRESS	7227 Summer Tree Drive	
2.4 CITY-ST-ZIP	Boynton Beach FL 33437	
3.1 TITLE	Treasurer + Director	☐ Change ☒ Addition
3.2 NAME	MERSE, MARK	
3.3 STREET ADDRESS	7152 Summer Tree Drive	
3.4 CITY-ST-ZIP	Boynton Beach FL 33437	
4.1 TITLE	FALLEK, MARILYN,	☐ Change ☒ Addition
4.2 NAME	Secretary	
4.3 STREET ADDRESS	7408 Lake Meadow Way	
4.4 CITY-ST-ZIP	Boynton Beach FL 33437	
5.1 TITLE	BUSMAN, HARRIET	☐ Change ☒ Addition
5.2 NAME	Director	
5.3 STREET ADDRESS	7203 Summer Tree Drive	
5.4 CITY-ST-ZIP	Boynton Beach FL 33437	
6.1 TITLE	LIPSON, LEON	☐ Change ☒ Addition
6.2 NAME	Director	
6.3 STREET ADDRESS	7047 Summer Tree Drive	
6.4 CITY-ST-ZIP	Boynton Beach FL 33437	

14. 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 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] 1/22/98 369-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)