2004 NOT-FOR-PROFIT CORPORATION

1 A 1 5	ANNUAL KI	EPORT (AR)	eguna ramanininin .	F	eb 18, 20	)04 <b>8:</b> 00 .	am
DOCUMENT # N50236  1. Entity Name					Secretary of State 02-18-2004 90026 018 ****61.25		
PALM ISLES II CONDOMINIUM ASSOCIATION, INC.					02-18-2004 900	026 018 **** 61.23	
Principal Place	e of Business	Mailing Address					
PALM ISLES II CONDO ASSOC -9545 PALM ISLES DR- -BOYNTON BEACH FL-33446		PALM ISLES II CONDO ASSOC -8545 PALM ISLES DR -BOYNTON BEACH FL 93446		a de la composição de l	Santroon		
<del>-U3-</del> -		<del>-US</del> -					
C/O F	Phoenix Hgt.	3. Mailing Address Clo Pho-£7  Suite, Apt. #, etc.	ix Mg	+-			
3.082		3082 JO	g Roa	d	MOORE	CR2E037 (11/03)	
	worth, FL	City & State Lake wor	·· ·/	4. FEI Nu	65-0352593	· • • • •	plied For t Applicable
3341	47 USA	Zip 33467	Country USA	5. Certific	ate of Status Desired	□ \$8.75 Add Fee Required	
	6. Name and Address of Current F			7. Name	and Address of New R		-
Name David					senthal		
954	M-ISLES CONDO II ASSOC 5 PALM ISLES DRIVE	•	Street A	ddress (P.O. Box Nu	mber is Not Acceptable	ment	ļ
BOY	'NTON BEACH FL 33437		308-2		Road		
			City	·		FL Zio Cod	41.7
8. The above	named entity submits this statement for	the purpose of changing its re	LOK egistered office or		· · · · · · · · · · · · · · · · · · ·	در- ۱ -	and accept
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 ON C. 1 Conx							
SIGNATURE -	000 0, 100	·					
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signati	ure required when reinstating	)	DATE	en de desemble de la company
	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61.25  Due By May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable la Department of S	State
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ntribution.	S5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable la Department of S	State 110
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable la Department of S	State
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  Due By May 1; 2004  OFFICERS AND DIF  FB  COHEN, DANIEL  7083, SUMMER TREE DR	9. Election Camp Trust Fund Co	paign Financing ontribution.  11. TITLE NAME STREET ADDRESS	S5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable la Department of S	State 110
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25  Due By May 1; 2004  OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing patribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	S5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable.  Ia Department of S  RS AND DIRECTORS IN  Change	State 1 10 Addition
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE PB- COHEN, DANIEL 7083 SUMMER TREE DR BOYNTON BCH FL VPT HERSH, MARK	9. Election Camp Trust Fund Co	paign Financing ontribution.  11. TITLE NAME STREET ADDRESS	S5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable la Department of S	State 110
10. TITUE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE PB- COHEN, DANIEL 7083 SUMMER TREE DR BOYNTON BCH FL VPT HERSH, MARK 7152 SUMMERTREE DRIVE	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable.  Ia Department of S  RS AND DIRECTORS IN  Change	State 1 10 Addition
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AND DIE PB- COHEN, DANIEL 7083 SUMMER TREE DR BOYNTON BCH FL VPT HERSH, MARK	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS _CITY-ST-ZIP	S5.00 M Added to F	ay Be Ma ees Floric	ke Check Payable. Ia Department of S  RS AND DIRECTORS IN Change	State  110 Addition Addition
TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIFE  OFFICERS AND DIFE  OFFICERS AND DIFE  COHEN, DANIEL  7083 SUMMER TREE DR  BOYNTON BCH FL  VPT  HERSH, MARK  7152 SUMMERTREE DRIVE  BOYNTON BEACH FL 33437  D  PRICE, ROBERT	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESSCITY-ST-ZIP TITLE NAME NAME NAME	SD	Ay Be ees Floric	ke Check Payable la Department of S  RS AND DIRECTORS IN Change  Change	State 1 10 Addition
TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIFE TO BE THE PROPERTY OFFICERS AND DIFE TO COHEN, DANIEL TO BE SUMMER TREE DR BOYNTON BCH FL VPT HERSH, MARK T152 SUMMERTREE DRIVE BOYNTON BEACH FL 33437	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD Fig.1 Sum	AND THE PROPERTY OF THE PROPER	ke Check Payable. Ia Department of S  RS AND DIRECTORS IN Change  Change	State  110 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF  OFFICERS AND	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESSCITY-ST-ZIP TITLE NAME STREET ADDRESSCITY-ST-ZIP	SD Fig.1 Sum	Ay Be ees Floric	ke Check Payable. Ia Department of S  RS AND DIRECTORS IN Change  Change	State  110 Addition Addition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF  OFFICERS AND DIF  COHEN, DANIEL  7083 SUMMER TREE DR  BOYNTON BCH FL  VPT  HERSH, MARK  7152 SUMMERTREE DRIVE  BOYNTON BEACH FL 33437  D  PRICE, ROBERT  7426 LAKE MEADOW WAY  BOYNTON BEACH FL	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	SD Fig.1 Sum	AND THE PROPERTY OF THE PROPER	ke Check Payable la Department of S RS AND DIRECTORS IN Change  Change  Change	DAddition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE THE	OFFICERS AND DIF  OFFICERS AND	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD Fig.1 Sum	AND THE PROPERTY OF THE PROPER	ke Check Payable la Department of S RS AND DIRECTORS IN Change  Change  Change	DAddition
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE  OFFICERS AND DIE  OFFICERS AND DIE  COHEN, DANIEL  7083 SUMMER TREE DR  BOYNTON BCH FL  VPT  HERSH, MARK  7152 SUMMERTREE DRIVE  BOYNTON BEACH FL 33437  D  PRICE, ROBERT  7426 LAKE MEADOW WAY  BOYNTON BEACH FL  D  LIPSON, LEON  7047 SUMMER TREE DRIVE  BOYNTON BEACH FL 33437	9. Election Camp Trust Fund Co	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD Fig.1 Sum	AND THE PROPERTY OF THE PROPER	ke Check Payable la Department of S RS AND DIRECTORS IN Change  Change  Change	DAddition
TIO.  TITUE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF  OFFICERS AND	9. Election Camp Trust Fund Co  RECTORS  Delete  Delete  Delete	Daign Financing ontribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD Fialk L. Boynton	AND THE PROPERTY OF THE PROPER	ke Check Payable la Department of S RS AND DIRECTORS IN Change  Change  Change  Change  Change  Change	DAddition  Addition  Addition
TIO.  TITUE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE  OFFICERS AND DIE  OFFICERS AND DIE  COHEN, DANIEL  7083 SUMMER TREE DR  BOYNTON BCH FL  VPT  HERSH, MARK  7152 SUMMERTREE DRIVE  BOYNTON BEACH FL 33437  D  PRICE, ROBERT  7426 LAKE MEADOW WAY  BOYNTON BEACH FL  D  LIPSON, LEON  7047 SUMMER TREE DRIVE  BOYNTON BEACH FL 33437  D  BERNER, LARRY	9. Election Camp Trust Fund Co  RECTORS  Delete  Delete  Delete	Daign Financing ontribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD Fialk L. Boynton	AND THE PROPERTY OF THE PROPER	ke Check Payable la Department of S RS AND DIRECTORS IN Change  Change  Change  Change  Change  Change	DAddition  Addition  Addition
TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE  OFFICERS AND DIE  OFFICERS AND DIE  COHEN, DANIEL  7083 SUMMER TREE DR  BOYNTON BCH FL  VPT  HERSH, MARK  7152 SUMMERTREE DRIVE  BOYNTON BEACH FL 33437  D-  PRICE, ROBERT  7426 LAKE MEADOW WAY  BOYNTON BEACH FL  D  LIPSON, LEON  7047 SUMMER TREE DRIVE  BOYNTON BEACH FL 33437  D-  BERNER, LARRY  7320 SUMMER TREE DR	9. Election Camp Trust Fund Co  RECTORS  Delete  Delete  Delete	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD Fialk L. Boynton	AND THE PROPERTY OF THE PROPER	ke Check Payable la Department of S RS AND DIRECTORS IN Change  Change  Change  Change  Change  Change	DAddition  Addition  Addition
TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE  OFFICERS AND DIE  OFFICERS AND DIE  COHEN, DANIEL  7083 SUMMER TREE DR  BOYNTON BCH FL  VPT  HERSH, MARK  7152 SUMMERTREE DRIVE  BOYNTON BEACH FL 33437  D-  PRICE, ROBERT  7426 LAKE MEADOW WAY  BOYNTON BEACH FL  D  LIPSON, LEON  7047 SUMMER TREE DRIVE  BOYNTON BEACH FL 33437  D-  BERNER, LARRY  7320 SUMMER TREE DR	9. Election Camp Trust Fund Co  EECTORS  Delete  Delete  Delete  Delete	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fialk L. Boynton	AND THE PROPERTY OF THE PROPER	RE Check Payable  A Department of S  RES AND DIRECTORS IN  Change  Change  Change  Change  Change	Addition  Addition  Addition

**FILED** 

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 a other like empowered. Xarry Device
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 661-738-6695 Daylime Phone #

SIGNATURE: