

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50236

FILED
Mar 05, 2009
Secretary of State

Entity Name: PALM ISLES II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9545 PALM ISLES DR
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

9545 PALM ISLES DR
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0352593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNER, LARRY
9545 PALM ISLES DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: COHEN, DANIEL
Address: 7083 SUMMER TREE DR
City-St-Zip: BOYNTON BCH, FL

Title: VT () Delete
Name: HERSH, MARK
Address: 7152 SUMMERTREE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KLEIN, RICHARD
Address: 9545 PALM ISLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: LIPSON, LEON
Address: 7047 SUMMER TREE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: BERNER, LARRY
Address: 7320 SUMMER TREE DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: COHEN, DANIEL
Address: 7083 SUMMER TREE DR
City-St-Zip: BOYNTON BCH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSENFELD, JANICE
Address: 7228 SUMMER TREE DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY BERNER

PD

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date