

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50236

FILED  
Mar 03, 2011  
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: VP  
Name: COHEN, DANIEL  
Address: 7083 SUMMER TREE DR  
City-St-Zip: BOYNTON BCH, FL

Title: VPT  
Name: HERSH, MARK  
Address: 7152 SUMMER TREE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY BERNER

P

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date