

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000712 (8)
1. Corporation Name
PALM ISLES WEST 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
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3. Date incorporated or Qualified 02/13/1995	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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4. FEI Number 65-0615764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**D'ADDARIO, MERLE
1690 SOUTH CONGRESS AVE.
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ADDARIO, MERLE	1.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JOANN	2.2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ELIJAH	3.2 NAME	ST
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	3.3 STREET ADDRESS	Sabrina Coulson
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	1690 S. Congress Ave. Delray Beach, Fl. 33445
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, ANTONIO	4.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RICHARD D	5.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Jerry Ruskin
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1690 S. Congress Ave Delray Beach, Fl. 33445

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ann Levy* 4/25/97 561-274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043277

CP2E037 (9/96)