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Apr 20, 1999 8:00 am
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04-20-1999 90039 036 ****61.25

0045156

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000712

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address *Clp Prime Management*

26 *6300 Park of Commerce Blvd*
 Suite, Apt. #, etc.

28 *Boca Raton, FL*
 City & State

29 *33487* 30 *USA*
 Zip Country

3. Date Incorporated or Qualified
 02/13/1995

4. FEI Number
 65-0615764 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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 617.1508, 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]* DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	D'ADDARIO, MERLE	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VDST	<input type="checkbox"/> DELETE
NAME	LEVY, JOANN	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PIVINSKI, JOSEPH	
STREET ADDRESS	1690 SOUTH CONGRESS AVE., STE. 200	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVY, RICHARD D	
STREET ADDRESS	1690 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSKIN, JERRY	
STREET ADDRESS	1690 S. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE *[Signature]* V.P. 3/18/99 561-274-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)