

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90005 047 ****61.25

DOCUMENT # N950000 712 (4)

1. Entity Name

Palm Isles West Association Inc

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP
6300 PRK of Commerce Blvd
BOCA RATON FL 33487

PRIME MANAGEMENT GROUP
6300 PRK of Commerce Blvd
BOCA RATON FL 33487

A0075404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEJ Number

65-0615764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
PRIME MANAGEMENT GROUP
6300 PRK of Commerce Blvd
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Myron Swatt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
SEE IS 36125

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|----------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | <u>P ARNOLD SILBERMAN</u> |
| STREET ADDRESS | <u>9715 N ARBOR VIEW DR</u> |
| CITY-ST-ZIP | <u>BOYNTON BEACH FL 33437</u> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <u>D DON MYLAN</u> |
| STREET ADDRESS | <u>9815 S ARBOR VIEW DR</u> |
| CITY-ST-ZIP | <u>BOYNTON BEACH FL 33437</u> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <u>D,S GERARDINE DEUTCH</u> |
| STREET ADDRESS | <u>9708 N ARBOR VIEW DR</u> |
| CITY-ST-ZIP | <u>BOYNTON BEACH FL 33437</u> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <u>TR, D PAUL GOTTLIED</u> |
| STREET ADDRESS | <u>9732 S CRESCENT VIEW DR</u> |
| CITY-ST-ZIP | <u>BOYNTON BEACH FL 33437</u> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <u>D HAL SCHENK</u> |
| STREET ADDRESS | <u>9648 N ARBOR VIEW DR</u> |
| CITY-ST-ZIP | <u>BOYNTON BEACH FL 33437</u> |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <u>Arnold L. Silbermann Pres</u> |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 all other like empowered.

Arnold L. Silbermann Pres