

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 17, 2002 8:00 am
Secretary of State

05-13-2002 90159 014 ****61.25

DOCUMENT # *N9500000712*

1. Entity Name
PALM ISLES WEST ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

93331

2. Principal Place of Business <i>PRIME MGMT Group INC</i> Suite, Apt., etc. <i>6300 PARK OF COMMERCE BLVD</i> City & State <i>BOCA RATON FL. 33481</i> Zip <i>US</i>		3. Mailing Address <i>PRIME MANAGEMENT Group INC</i> Suite, Apt. #, etc. <i>6300 PARK OF COMMERCE BLVD</i> City & State <i>BOCA RATON FL. 33487</i> Zip <i>US</i>		4. FEI Number <i>650615764</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			

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7. Name and Address of Current Registered Agent

Name *MYRON SWATT*
Street Address (P.O. Box Number is Not Acceptable)
PRIME MANAGEMENT Group INC
6300 PARK OF COMMERCE BLVD
City
BOCA RATON FL Zip Code *33487*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Arnold Silberman 9715 N. Amber View Dr Brynton Beach, FL 33437</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secy Gerry Deutch 9708 N. Amber View Dr Brynton Beach, FL 33437</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Paul Gottlieb Treas 9737 Crescent View Dr S Brynton Beach FL 33437</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V. Pres Mel Goldberg 9501 N. Crescent View Dr N Brynton Beach FL 33437</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V. Pres Max Carlioth 9767 Crescent View Dr S Brynton Beach, FL 33437</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director Marilyn Roberts 9850 Crescent View Dr S Brynton Beach, FL 33437</i>

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CR2007R (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arnold R. Silberman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

Daytime Phone #