


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90525 003 ****61.25

DOCUMENT # N95000000712			
1. Entity Name PALM ISLES WEST ASSOCIATION, INC.			
Principal Place of Business PRIME MANAGEMENT GROUP 6300 APK OF COMMERCE BLVD. BOCA RATON, FL 33487		Mailing Address PRIME MANAGEMENT GROUP 6300 APK OF COMMERCE BLVD. BOCA RATON, FL 33487	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWATT, MYRONN 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLAN, DONALD	NAME	
STREET ADDRESS	9815 ARBORVIEW DR SOUTH	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487 87	CITY-ST-ZIP	33437
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, GORARD	NAME	PARKER, GERALD
STREET ADDRESS	9572 CRESCENT VIEW DR NORTH	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, IRVING	NAME	DUNN, IRVING
STREET ADDRESS	9831 CRESCENT VIEW DR. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, MEL	NAME	KROST, FRANK
STREET ADDRESS	9571 N. CRESCENT VIEW DR.	STREET ADDRESS	9673 ARBOR VIEW DR. N
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MARILYN	NAME	
STREET ADDRESS	9856 CRESCENTVIEW DR. SOUTH	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	DA <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDIOTTI, MAX	NAME	CANDIOTTI, MAX
STREET ADDRESS	9767 CRESCENT VEW DR SOUTH	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	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 my address, with all other like empowered.			
SIGNATURE: <i>Irving Dunn</i>		Date: 4-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 561-733-7808	