


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90397 026 ****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

40057601



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0615764

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MYLAN, DIONALD
 9815 ARBOR VIEW DRIVE S.
 BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MYLAN, DONALD	
STREET ADDRESS	9815 ARBORVIEW DR SOUTH	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSEN, EDWARD	
STREET ADDRESS	4519 CRESCENTVIEW DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNN, IRVING	
STREET ADDRESS	9831 CRESCENT VIEW DR. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	KROST, FRANK	
STREET ADDRESS	9673 ARBOR VIEW DR. N	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, MARILYN	
STREET ADDRESS	9856 CRESCENTVIEW DR. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANDIOTTI, MAX	
STREET ADDRESS	9767 CRESCENT VEW DR SOUTH	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Donald Mylan DONALD MYLAN 4-19-06 561 733 0542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #