


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90124 050 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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  
**SWATT, MYRONN  
PRIME MANAGEMENT GROUP  
6300 PRK OF COMMERCE BLVD  
BOCA RATON FL 33487**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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 checked="" type="checkbox"/> Delete
NAME	SILBERMAN, ARNOLD	
STREET ADDRESS	9715 N ARBOR VIEW DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEUTCH, GERRY	
STREET ADDRESS	9708 N. ARBOR VIEW DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOTTLIEB, PAUL	
STREET ADDRESS	9737 CRESCENT VIEW DR. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOLDBERG, MEL	
STREET ADDRESS	9571 N. CRESCENT VIEW DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CANDIOTTI, MAX	
STREET ADDRESS	9767 CRESCENT VIEW DR. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, MARIYN	
STREET ADDRESS	9856 CRESCENT VIEW DR. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLAN, DONALD	
STREET ADDRESS	19815 ARBORVIEW DR. S.	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, GORARD	
STREET ADDRESS	9572 CRESCENT VIEW DR. N.	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, IRVING	
STREET ADDRESS	9831 CRESCENT VIEW DR. S.	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MARILYN	
STREET ADDRESS	9856 CRESCENT VIEW DR SOUTH	
CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDIOTTI, MAX	
STREET ADDRESS	9767 CRESCENT VIEW DR SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL. 33437	

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.

SIGNATURE: SIGNATURE OF REGISTERED AGENT 4-11-03 561-733-0542

CR2E037 (10/02)

attachment

80684251  
# N9500000712

**PALM ISLES WEST  
HOMEOWNERS ASSOCIATION  
2003 BOARD OF DIRECTORS**

BOYNTON BEACH, FL. 33437

**President**

**Donald Mylan**

**733-0542**

9815 ARBOR VIEW DR. S.

**1<sup>st</sup> Vice President**

**Marilyn Roberts**

**733-2845**

9856 CRESCENT VIEW DR. SOUTH

**2<sup>nd</sup> Vice President**

**Melvin Goldberg**

**733-3339**

9571 N. CRESCENT VIEW DR.

**Treasurer**

**Irving Dunn**

**733-7808**

9831 CRESCENT VIEW DR. S.

**Secretary**

**Gerard Parker**

**733-1764**

9572 CRESCENT VIEW DR. N.

**Director**

**Max Candiotti**

**752-3364**

9767 CRESCENT VIEW DR. SOUTH