

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90257 030 \*\*\*\*61.25

**DOCUMENT # N99000007396**  
 1. Entity Name  
**PALERMO AT VENETIAN ISLES (PARCEL D) HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **12230 FOREST HILL BLVD., STE. 150 WELLINGTON FL 33414**  
 Mailing Address: **3900 WOODLAKE BLVD STE 201 LAKE WORTH FL 33463**

2. Principal Place of Business: **90 CASTLE MANAGEMENT 5850 W. ATLANTIC AVE**  
 3. Mailing Address: **90 CASTLE MANAGEMENT 5850 W. ATLANTIC AVE**

City & State: **DELRAY BEACH, FL**

Zip: **33484**

Barcode  
 MOORE CR2E037 (11/03)  
 4. FEI Number: **65-0984573**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SACH'S SAX & KLEIN, P.A. 301 YAMATO ROAD, STE 4150 BOCA RATON FL 33431**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

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: <b>TD</b>	NAME: <b>HERMAN, AARON</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>8970 VIZ TUSCANY DR.</b>	CITY-ST-ZIP: <b>BOYNTON BEACH FL 33437</b>	
TITLE: <b>VPD</b>	NAME: <b>LIPSKY, WARREN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>8820 VIA TUSCANY DR</b>	CITY-ST-ZIP: <b>BOYNTON BEACH FL 33437</b>	
TITLE: <b>PD</b>	NAME: <b>BROWN, JOEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>8824 VIA TUSCANY DR</b>	CITY-ST-ZIP: <b>BOYNTON BEACH FL 33437</b>	
TITLE: <b>D</b>	NAME: <b>SAUER, ANDREW</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: <b>8962 VIA TUSCANY DR</b>	CITY-ST-ZIP: <b>BOYNTON BEACH FL 33437</b>	
TITLE: <b>SD</b>	NAME: <b>SCARNA, PAUL</b>	<input type="checkbox"/> Delete
STREET ADDRESS: <b>8954 VIA TUSCANY DR.</b>	CITY-ST-ZIP: <b>BOYNTON BEACH FL 33437</b>	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <b>SD</b>	NAME: <b>Joseph Tancredi</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>8837 TUSCANY DRIVE</b>	CITY-ST-ZIP: <b>BOYNTON BEACH, FL 33437</b>	
TITLE: <b>D</b>	NAME: <b>ARTHUR BRILLIANT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>8783 VIA TUSCANY DRIVE</b>	CITY-ST-ZIP: <b>BOYNTON BEACH, FL 33437</b>	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR