

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90033 018 \*\*\*\*61.25

**DOCUMENT # N99000007396**

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



Principal Place of Business  
**C/O MANAGEMENT ASSOCIATES, INC.  
 3900 WOODLAKE BLVD. SUITE 309  
 LAKE WORTH, FL 33463**

Mailing Address  
**C/O MANAGEMENT ASSOCIATES, INC.  
 3900 WOODLAKE BLVD. SUITE 309  
 LAKE WORTH, FL 33463**

**40039109**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State

City & State

Zip Country Zip Country

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  
*Brough, Chadrow + Levine P.A.*

Street Address (P.O. Box Number is Not Acceptable)  
*1900 N Commerce Pkwy*

City *Weston* FL Zip Code *33326*

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 *Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A.* DATE *2/11/08*

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD HERMAN, AARON 8970 VIZ TUSCANY DR. BOYNTON BEACH, FL 33437 <i>33492</i>	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, STEVEN 8942 VIA TUSCANY DR BOYNTON BEACH, FL 33437 <i>33492</i>	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KESSLEN, SHELDON 8812 VIA TUSCANY DR BOYNTON BEACH, FL 33437 <i>33492</i>	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANCREDI, JOSEPH 8837 VIA TUSCANY BOYNTON BEACH, FL 33437 <i>33492</i>	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCARNA, PAUL 8954 VIA TUSCANY DRIVE BOYNTON BEACH, FL 33437 <i>33492</i>	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Scott J. Levine* DATE: *2-11-08*

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