


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N35081** (1)

1. Corporation Name

**PALM ISLES I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% ARISTA MANAGEMENT GROUP, INC.  
151 N.W. 18TH AVE.  
DELRAY BCH FL 33444  
US

% ARISTA MANAGEMENT GROUP, INC.  
151 N.W. 18TH AVE.  
DELRAY BCH FL 33444  
US

3. Date Incorporated or Qualified

**11/03/1989**

4. FEI Number

**65-0169609**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**PALM ISLES CLUB HOUSE**

Suite, Apt. #, etc.

**9545 PALM ISLES DRIVE**

City & State

**BOYNTON BEACH, FL 33437**

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

10. Name and Address of New Registered Agent

81 Name

**Palm Isles I Condo Assoc**

82 Street Address (P.O. Box Number is Not Acceptable)

**9545 Palm Isles Dr**

83

84 City

**Boynton Bch**

FL

85 Zip Code

**33437**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/26/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD LANDAU, JOSEPH**  
STREET ADDRESS **9853 SEACREST CIRCLE #201**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ DELETE

NAME **VD FINE, GLORIA**  
STREET ADDRESS **9757 SEACREST CIRCLE #201**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ DELETE

NAME **SD SCHNEE, SEYMOUR**  
STREET ADDRESS **9748 D SUMMERBROOK TERRACE**  
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **V SHERMAN, PHILIP**  
STREET ADDRESS **9757 SEACREST CIRCLE #101**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ DELETE

NAME **V COHEN, MAURICE**  
STREET ADDRESS **9917-C SUMMER BROOK TERRACE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **NATURE REQUIRED**

**1/26/98**

CR2E037 (10/97)