## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N3508

(1)

1. Corporation Name				
PALM ISLES I CONDOMINIUM ASSOCIATION, INC.				
Chinaire I Plans of Project				
Principal Place of Business Mailing Address				. rentres erne tein, netet ebrat tint alatt alatt bratt albit abatt fillt
% ARISTA MANAGEMENT GROUP, INC.			ROUP. INC.	3. Date Incorporated or Qualified
151 N.W. 18TH AVE.   151 N.W. 18TH AVE.   DELRAY BCH FL 33444   DELRAY BCH FL 33444				11/03/1989
US	2 001111	US		4. FEI Number Applied For
				65-0169609 Not Applicable
1211	SLES CLUB HOUSE	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional Fee Required
	ALM ISLES DRIVE	Suite, Apt. #, etc.	,	6. Election Campaign Financing \$5.00 May Be
BOYNTO	N BEACH, FL 33437	27		Trust Fund Contribution Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28	Country	✓ Yes No
24	25	<del></del>	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
,	9. Name and Address of Current		501	10. Name and Address of New Registered Agent
			81 Name	
SPENCER M. SAX			82 Street Add	dress (P.O. Box Number is Not Acceptable)
% SACHS & SAX, P.A.			83	Sye PAIM Isles DR
301 YAMATO RD., SUITE 4150			63	
BOCA RATON FL 33431				1100 BC9 7 FL 85 Zip Code 33437
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation				rporation submits this statement for the purpose of changing its registered
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_	X Wan Cal			1/21/98
Signature, pod pointed name of registered agent and Ale II applicable. (NOTE: Registered Agent and Ale II applicable.)  12. CFFICERS AND DIRECTORS 13.			Registered Agent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	LANDAU, JOSEPH	<b>—</b>	1.2 NAME	
STREET ADDRESS	9853 SEACREST CIRCLE #201		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP	
TITLE	۷D	☐ DELETE	2.1 TITLE	Change Addition
NAME	FINE, GLORIA		2.2 NAME	
STREET ADORESS	9757 SEACREST CIRCLE #201		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2. 4 CITY-ST-ZIP	
LILTE	SD	DELETE	3.1 TITLE	Change Addition
NAME	SCHNEE, SEYMOUR		3.2 NAME	
STREET ADDRESS	9748 D SUMMERBROOK TERR	ACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	[ ] Briete	3.4. CtTY - ST-ZIP	
TITLE	V CHECKAAN DURING	☐ DELETE	4.1 TITLE	Change Addition
NAME	SHERMAN, PHILIP		4. 2 NAME	
STREET ADDRESS	9757 SEACREST CIRCLE #101		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	BOYNTON BEACH FL 33437 V	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME	COHEN, MAURICE	CTI DECENT	5.1 THUE 5.2 NAME	Li Griange Li Addition
STREET ADDRESS 9917-C SUMMER BROOK TERRACE			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		5.4 CITY-ST-ZIP	
TITLE	25 (11. 01. 22. 01. 12. 00-01	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		_ <del>_</del>	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. I hereby cert ty 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:

LINATULE REQUIRED

1/26/98

**FILED** 

Feb 04 1998 8:00am

Secretary of State