

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90012 001 \*\*\*\*61.25

**DOCUMENT # N99000000346**

1. Entity Name

SEASONAL PALM ISLANDERS, INC.



Principal Place of Business

7099 SUMMER TREE DRIVE  
BOYNTON BEACH FL 33437

Mailing Address

7099 SUMMER TREE DRIVE  
BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0901029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, MORT  
7099 SUMMER TREE DRIVE  
BOYNTON BEACH FL 33437

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	P	<input checked="" type="checkbox"/> Delete
NAME	KRAUS, ANNETTE	
STREET ADDRESS	9594 HARBOUR LAKE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, HARVEY	
STREET ADDRESS	9784A SUMMERBROOK TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARROW, ROSALIE	
STREET ADDRESS	9613 SHADYBROOK DRIVE 202	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, PEARL	
STREET ADDRESS	7187 SUMMER TREE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	D	<input type="checkbox"/> Delete
NAME	STEINBERG, HAROLD	
STREET ADDRESS	7171 SUMMER TREE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FRANCINE	
STREET ADDRESS	9702 ARBOR VIEW DR NORTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, HARVEY	
STREET ADDRESS	9784A SUMMERBROOK TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA COHEN	
STREET ADDRESS	9769 SEAFORTH CIRCLE #101	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM MARDER	
STREET ADDRESS	7622 SEAFORTH ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: (D) Mort Feldman  
MORT FELDMAN

2/20/06 (561)364 5587