

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735985

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC5605938025**

**Entity Name:** PALM VILLAS CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

FIRST CHOICE PROPERTY MANAGEMENT, INC.  
1075 N.W. BROKEN SOUND PKWY. SUITE # 103  
BOCA RATON,, FL 33487

**Current Mailing Address:**

FIRST CHOICE PROPERTY MANAGEMENT, INC.  
1075 N.W. BROKEN SOUND PKWY. SUITE # 103  
BOCA RATON, FL 33487 US

**FEI Number:** 59-1738198

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIPPMAN, STEVE  
C/O FIRST CHOICE MANAGEMENT, INC.  
1075 N.W. BROKEN SOUND PKWY. SUITE # 103  
BOCA RATON, FL 33487 US

*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.*

**SIGNATURE:** LIPPMAN. STEVE

03/19/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREAS  
Name           MCQUAID, KIM  
Address        1210 HOMEWOOD BLVD, # 104 C  
City-State-Zip: DELRAY BEACH FL 33445

Title           PRESIDENT  
Name           CORBO, KATHLEEN  
Address        1150 HOMEWOOD BLVD, # 104 E  
City-State-Zip: DELRAY BEACH FL 33445

Title           SECRETARY  
Name           FACKNER, ANNE  
Address        1120 HOMEWOOD BLVD, # 104 G  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIR  
Name           TISCH, JOAN  
Address        1020 HOMEWOOD BLVD, # 201 C  
City-State-Zip: DELRAY BEACH FL 33445

Title           DIR  
Name           PEARLMAN, SANDY  
Address        1020 HOMEWOOD BLVD. # 102 F  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN CORBO

**PRESIDENT**

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date