

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 755616

Entity Name: PALM VIEW WATERS CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2024
Secretary of State
8491481389CC

Current Principal Place of Business:

C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
FORT MYERS, FL 33907

Current Mailing Address:

C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
FORT MYERS, FL 33907 US

FEI Number: 04-1282028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC
C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
FORT MYERS, FL 33907 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: ROBERT BUTLER

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SAKADOLSKY, LYNN
Address C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name SLOMSKI, BETH
Address C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT
Name BUTLER, ROBERT
Address C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name ARRIVIELLO, STEPHANIE
Address C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

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: ROBERT BUTLER

PRES

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date