

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30497

Entity Name: PALM SHORES AT GABLES END ASSOCIATION, INC.**Current Principal Place of Business:**8530 LEEWARD PASSAGE CIRCLE
BOYNTON BEACH, FL 33436**Current Mailing Address:**8530 LEEWARD PASSAGE CIRCLE
BOYNTON BEACH, FL 33436**FEI Number:** 65-0140497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FINEBURG, MILLICENT
8530 LEEWARD PASSAGE CIRCLE
BOYNTON BEACH, FL 33436 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name WASSERMAN, CHARLOTTE
Address 8530 LEEWARD PASSAGE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title D1VP
Name ADLER, STEVAN
Address 8530 LEEWARD PASSAGE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title DS
Name FINEBURG, MILLICENT
Address 8530 LEEWARD PASSAGE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title DVP
Name BELLOISE, SALVATORE
Address 8530 LEEWARD PASSAGE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33436

Title TREASURER
Name GROSSINGER, GIL
Address 8530 LEEWARD PASSAGE
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name GELLER, MILTON
Address 8530 LEEWARD PASSAGE
City-State-Zip: BOYNTON BEACH FL 33436

Title DIRECTOR
Name HELLER, SEYMOUR
Address 8530 LEEWARD PASSAGE
City-State-Zip: BOYNTON BEACH FL 33436

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: GIL GROSSINGER**TREASURER****04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date