

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35081

Entity Name: PALM ISLES I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9545 PALM ISLES DRIVE
BOYNTON BCH, FL 33437**Current Mailing Address:**9545 PALM ISLES DRIVE
BOYNTON BCH, FL 33437 US**FEI Number:** 65-0169609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY
200
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:** RON CAPLAN

03/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	SHERMAN, PHIL
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

Title	D
Name	DICHTER, ROSALIND
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

Title	EVP
Name	SCHNITZER, DAVID
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

Title	P
Name	BERMAN, CLARK
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

Title	S
Name	SALON, MICHELE
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

Title	T
Name	HALPER, MORRIS
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

Title	DIRECTOR
Name	FINE, GLORIA
Address	9545 PALM ISLES DRIVE
City-State-Zip:	BOYNTON BCH FL 33437

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: CLARK BERMAN

PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date