

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002082

**Entity Name:** PALM ISLES III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9545 PALM ISLES DR  
BOYNTON BCH, FL 33437

**Current Mailing Address:**

9545 PALM ISLES DR  
BOYNTON BCH, FL 33437 US

**FEI Number:** 59-3195631

**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

03/02/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BERLAND, IRVIN  
Address 9545 PALM ISLES DR  
City-State-Zip: BOYNTON BCH FL 33437

Title SECRETARY  
Name KLEID, DOROTHY  
Address 9545 PALM ISLES DR  
City-State-Zip: BOYNTON BCH FL 33437

Title TREASURER  
Name ROUDE, JOAN  
Address 9545 PALM ISLES DR  
City-State-Zip: BOYNTON BCH FL 33437

Title VP  
Name SEWING, GAIL  
Address 9545 PALM ISLES DR  
City-State-Zip: BOYNTON BCH FL 33437

Title PRESIDENT  
Name RABIN, ESTHER  
Address 9545 PALM ISLES DR  
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:** ESTHER RABIN

PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date