

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000712

**Entity Name:** PALM ISLES WEST ASSOCIATION, INC.

**Current Principal Place of Business:**

9851 CRESCENT VIEW DRIVE S  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

9851 CRESCENT VIEW DRIVE S  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 65-0615764

**Certificate of Status Desired:** No

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

KAPLAN, CLINTON  
9871 CRESCENT VIEW DR.S  
BOYNTON BEACH, FL 33437 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:** CLINTON KAPLAN

04/14/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LANGENTHAL, HOWARD  
Address        9587 ARBOR VIEW DRIVE NORTH  
City-State-Zip: BOYNTON BEACH FL 33437

Title           PRESIDENT  
Name           KAPLAN, CLINTON  
Address        9871 CRESCENT VIEW DR. S  
City-State-Zip: BOYNTON BEACH FL 33437

Title           SECRETARY  
Name           NEWMAN, CAROL  
Address        9551 CRESCENT VIEW DR. N  
City-State-Zip: BOYNTON BEACH FL 33437

Title           VP  
Name           ROSENBERG, WILLIAM  
Address        9831 CRESCENT VIEW DR. S  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           MARGOLIS, MARVIN  
Address        9528 CRESCENT VIEW DR. N  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           WALLET, JAY  
Address        9785 ARBOR VIEW DR SOUTH  
City-State-Zip: BOYNTON BEACH FL 33437

Title           DIRECTOR  
Name           QUESNEL, PHYLLIS  
Address        9603 CRESENT VIEW DRIVE NORTH  
City-State-Zip: BOYNTON BEACH 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:** HOWARD LANGENTHAL

TREASURER

04/14/2022

Electronic Signature of Signing Officer/Director Detail

Date