

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000346

**Entity Name:** SEASONAL PALM ISLANDERS, INC.**Current Principal Place of Business:**7031 SUMMERTREE DRIVE  
#102  
BOYNTON BEACH, FL 33437**Current Mailing Address:**7031 SUMMERTREE DRIVE  
#102  
BOYNTON BEACH, FL 33437**FEI Number:** 65-0901029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MELTZER, ELINOR  
7031 SUMMERTREE DR.  
#102  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	SCHONHORN, ESTELLE PRESIDENT
Address	7622 SEAFOAM COURT APT 201
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	BALGLEY, PAULA
Address	7742 SPRINGWATER PL
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	STEINBERG, HAROLD
Address	7171 SUMMER TREE DR
City-State-Zip:	BOYNTON BEACH FL 33437

Title	T
Name	MELTZER, ELINOR
Address	7031 SUMMERTREE DR.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	SCHNEIDER, LEAH
Address	9951 SEACREST CIRCLE #101
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	SCHONHORN, ESTELLE
Address	7684 SPRINGWATER PL. #201
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:** ELINOR MELTZER**TREASURER****02/14/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date