

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007396

Entity Name: PALERMO AT VENETIAN ISLES (PARCEL D) HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 05, 2013
Secretary of State
CC1633517698**Current Principal Place of Business:**C/O MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**C/O MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463**FEI Number: 65-0984573****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 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	TD
Name	TANCREDI, JOSEPH
Address	8837 VIA TUSCANY DR.
City-State-Zip:	BOYNTON BEACH FL 33472

Title	2VP
Name	HART, STEVEN
Address	8942 VIA TUSCANY DR
City-State-Zip:	BOYNTON BEACH FL 33472

Title	P
Name	KESSLEN, SHELDON
Address	8812 VIA TUSCANY DR
City-State-Zip:	BOYNTON BEACH FL 33472

Title	S
Name	HERMAN, EILEEN
Address	8970 VIA TUSCANY
City-State-Zip:	BOYNTON BEACH FL 33472

Title	1VP
Name	SCARNA, PAUL
Address	8954 VIA TUSCANY DRIVE
City-State-Zip:	BOYNTON BEACH FL 33472

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: SHELDON KESSLEN**PRESIDENT****02/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date