

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007396

Entity Name: PALERMO AT VENETIAN ISLES (PARCEL D) HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 22, 2019
Secretary of State
4131517419CC**Current Principal Place of Business:**8850 VENETIAN ISLES BLVD.
BOYNTON BEACH, FL 33472**Current Mailing Address:**BROUGH, CHADROW & LEVINE, P.A.
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US**FEI Number: 65-0984573****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
2149 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: BROUGH****04/22/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | VP |
| Name | HORWITZ, HAROLD |
| Address | 8772 VIA TUSCANY DRIVE |
| City-State-Zip: | BOYNTON BEACH FL 33472 |

| | |
|-----------------|------------------------|
| Title | TREASURER |
| Name | NOYE, MICHAEL |
| Address | 8945 VIA TUSCANY DRIVE |
| City-State-Zip: | BOYNTON BEACH FL 33472 |

| | |
|-----------------|------------------------|
| Title | PRESIDENT |
| Name | KESSLEN, SHELDON |
| Address | 8812 VIA TUSCANY DRIVE |
| City-State-Zip: | BOYNTON BEACH FL 33472 |

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | LEPOFSKY, CARRIE DR. |
| Address | 8849 VIA TUSCANY DRIVE |
| City-State-Zip: | BOYNTON BEACH FL 33472 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | SCARNA, VIRGINA |
| 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****04/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date