

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018879

**Entity Name:** PALM ISLES CONDOMINIUM DEVELOPMENT, LLC

**Current Principal Place of Business:**

2647 PROFESSIONAL CIRCLE  
SUITE 1201  
NAPLES, FL 34119

**Current Mailing Address:**

2647 PROFESSIONAL CIRCLE  
SUITE 1201  
NAPLES, FL 34119 US

**FEI Number:** 56-2450734

**Certificate of Status Desired:** No

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

GOODLETTE COLEMAN JOHNSON YOVANOVICH ET AL  
4001 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 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

**Authorized Person(s) Detail :**

Title MGR  
Name STOCK, BRIAN K  
Address 2647 PROFESSIONAL CIRCLE, SUITE  
1201  
City-State-Zip: NAPLES FL 34119

Title P  
Name STOCK, BRIAN K  
Address 2647 PROFESSIONAL CIRCLE, SUITE  
1201  
City-State-Zip: NAPLES FL 34119

Title VP  
Name IMIG, ROBERT M  
Address 2647 PROFESSIONAL CIRCLE, SUITE  
1201  
City-State-Zip: NAPLES FL 34119

Title VP  
Name KOCSES, CHAD  
Address 2647 PROFESSIONAL CIRCLE, SUITE  
1201  
City-State-Zip: NAPLES FL 34119

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN K STOCK

**MGR**

**04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date