

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90114 011 ****61.25

DOCUMENT # 755165

1. Entity Name

THE SINGER ISLAND PALMS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

118C LINDA LANE
PALM BEACH SHORES FL 33404

118C LINDA LANE
PALM BEACH SHORES FL 33404

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0754319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANLEY, PATRICIA
118C LINDA LANE
PALM BEACH SHORES FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SYLVESTER, ELAINE	
STREET ADDRESS	118-A LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAINODA, LIDIA	
STREET ADDRESS	118D LINDA LN	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALIWODA, WALTER	
STREET ADDRESS	118-D LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANLEY, PAT	
STREET ADDRESS	118C LINDA LN	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAHLQUIST, ERIK	
STREET ADDRESS	118C LINDA LANE	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SYLVESTER, GEORGE	
STREET ADDRESS	118A LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHOTKIN, Christina	
STREET ADDRESS	118-B LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paliwoda, Lidia	
STREET ADDRESS	118-D LINDA LANE	
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia M. Hanley (PATRICIA M. HANLEY) 4-25-07 (561) 842-9084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #