

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767041

FILED
Jan 03, 2012
Secretary of State

Entity Name: THE PALM CLUB VILLAGE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1100 GREEN PINE BLVD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1100 GREEN PINE BLVD
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-2364218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVENUE SOUTH
STE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: FOURNIER, DAVID
Address: 1115 GREEN PINE BLVD A2
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T
Name: HARRIS, JUAN
Address: 1106 GREEN PINE BLVD F3
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP
Name: MARSEILLE, JEAN
Address: 1119 GREEN PINE BLVD C1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D
Name: GALLON, EDDIE
Address: 1105 GREEN PINE BLVD H1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D
Name: AMICO, BALDASSARO
Address: 1102 GREEN PINE BLVD C1
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S
Name: MUCHECHETERE, RENEE
Address: 1114 GREEN PINE BLVD B2
City-St-Zip: WEST PALM BEACH, FL 33409

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: DAVID FOURNIER

P

01/03/2012

Electronic Signature of Signing Officer or Director

_____ Date