

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 767042.

1. Entity Name
**THE PALM CLUB VILLAGE I CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1000 GREEN PINE BLVD
WEST PALM BEACH, FL 33409**

Mailing Address
**1000 GREEN PINE BLVD
WEST PALM BEACH, FL 33409**



06042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2318326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIREKTOR, KENNETH S ESQ
625 N FLAGLER DR
7TH FLOOR
W PALM BCH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**P
WOOLWEAVER, GEORGE
1005 GREEN PINE BLVD
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**S
PACI, LYNDIA
1028 E GREEN PINE BLVD.
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
SCHUSTER, ALBERT
1017 C GREEN PINE BLVD
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
KENNEDY, PETER
1019 E GREEN PINE BLVD.
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**T
CRISANTI, JOHN
1017 E. GREEN PINE BLVD
WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #