

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767042

FILED  
Jun 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1000 GREEN PINE BLVD  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1000 GREEN PINE BLVD  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 59-2318326      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOOLWEAVER, GEORGE  
Address: 1005 GREEN PINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete  
Name: PACI, LYNDIA  
Address: 1028 E GREEN PINE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: SCHUSTER, ALBERT  
Address: 1017 C GREEN PINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: KENNEDY, PETER  
Address: 1019 E GREEN PINE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T ( ) Delete  
Name: CRISANTI, JOHN  
Address: 1017 E. GREEN PINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE WOOLWEAVER

PRES

06/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date