## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00132

FILED Dec 09, 2006 Secretary of State

Entity Name: PALM ISLES HOMEOWNER'S ASSOCIATION, NO.I, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

7932 WILES RD 3971 NW 94 WAY

CORAL SPRINGS, FL 33067 SUNRISE, FL 33351 US US

**Current Mailing Address:** New Mailing Address:

C/O BENCHMARK PROPERTY MANAGEMENT, INC. C/O PAUL CALLSEN 7932 WILES ROAD 3971 NW 94 WAY CORAL SPRINGS, FL 33067 SUNRISE, FL 33351

FEI Number: 59-2378187 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROBERT KAYE & ASSOC. PA 6261 NW 6 WAY FORT LAUDERDALE, FL 33309 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete SCHAFER, KEITH SHELTON, LESLEY Name: Name: 3958 NW 94 WAY Address: 3955NW 94 TERR Address:

City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33351

Title: Title: (X) Change ( ) Addition ( ) Delete SCHAFER, LINDA Name: CALLSEN, PAUL Name:

Address: 3958 NW 94 WAY Address: 3971 NW 94 WAY City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: SD (X) Change ( ) Addition

REASON, DON BETH, ROOKER Name: Name: 3912 NW 94 TERRACE Address: Address: 3952 NW 94 WAY City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: TD (X) Change ( ) Addition

Name: VESTER, WALTER Name: MEREDITH, SHARRI 9481 NW 39 PL Address: 3971 NW 94TH WAY Address: City-St-Zip: SUNRISE, FL City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: (X) Change ( ) Addition

ECHEVERRI, LEANNA LIPSITZ, LAWRENCE Name: Name: 3968 NW 94 WAY 3972 NW 94 TERR Address: Address: SUNRISE, FL 33351 City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL CALLSEN VP 12/09/2006