2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90014 043 ****61.25

DOCUMENT # N00132

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

40114258

Principal Place of Business	Mailing Address
3971 NW 94 WAY SUNRISE, FL 33351 US	C/O PAUL CALLSEN 3971 NW 94 WAY SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O MIAMI MANAGEMENT	C/O MIAMI MANAGEMENT
Suite, Apt. #, etc. 1145 SAWGRASS CORP PKWY	Suite, Apt. #, etc. 1145 SAWGRASS CORP PKWY
City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33323 Country USA	Zip 33323 Country USA

05092007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2378187 ☐ 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
ROBERT KAYE & ASSOC. PA 6261 NW 6 WAY 103 FORT LAUDERDALE, FL 33309	Name KATZMAN & KORR Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49 St #202 City FT. LAUD. FL Zip Code 33309

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 Ferren L. Korr, Esq. 5/10/07
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 14, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHELTON, LESLEY 3955NW 94 TERR SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REASON, DON 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALLSEN, PAUL 3971 NW 94 WAY SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CALLSEN, PAUL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BETH, ROOKER 3952 NW 94 WAY SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROOKER, BETH 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEREDITH, SHARRI 9481 NW 39 PL SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WALLACE, CHRIS 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIPSITZ, LAWRENCE 3972 NW 94 TERR SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALLARDO, VICTOR 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: PAUL CALLSEN 4/30/07 954 846 7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #