

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00132

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

C/O MIAMI MGMT
1145 SAWGRSS CORP PKWY
FORT LAUDERDALE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

C/O MIAMI MGMT
1145 SAWGRSS CORP PKWY
FORT LAUDERDALE, FL 33323 US

New Mailing Address:

FEI Number: 59-2378187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: VP () Delete
Name: REASON, DON
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: P () Delete
Name: CALLSEN, PAUL
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL

Title: SD (X) Delete
Name: ROOKER, BETH
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: SD () Delete
Name: WALLACE, CHRIS
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: TD () Delete
Name: GALLARDO, VICTOR
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHELKEY, DAYNA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: FORT LAUDERDALE, FL 33323

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: PAUL CALLSEN

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date