2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# N00132

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: SEC
Name: SHELKEY, DAYNA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

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

Title: TRES
Name: WALLACE, CHRIS
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: D
Name: GALLARDO, VICTOR
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VP
Name: CHIN, BURT
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL

I hereby 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 all other like empowered.

SIGNATURE: PAUL CALLSEN P 04/29/2010

Electronic Signature of Signing Officer or Director Date