2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008614

FILED Apr 29, 2009 Secretary of State

Entity Name: PALM BEACH ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			Business:	New Principal Place of	New Principal Place of Business:	
31 WEST :						
SUITE 202 RIVIERA E	Z BEACH, FL	33404	US			
Surrent M	lailing Add	lress:		New Mailing Address	::	
31 WEST : SUITE 202	2	22404	He			
	BEACH, FL		US	EEI Number Net Appliechie ()	Contificate of Status Booked (V)	
	: 20-8886796		I Number Applied For()	,	Certificate of Status Desired (X)	
lame and	l Address o	of Curre	nt Registered Agen	t: Name and Address of	f New Registered Agent:	
WARD, GE 31 WEST :						
SUITE 202		33404 (US			
SUITE 202 RIVIERA E The above	2 BEACH, FL	ity subm		the purpose of changing its registered	d office or registered agent, or both,	
SUITE 202 RIVIERA E The above n the State	2 BEACH, FL named ent e of Florida.	ity subm		the purpose of changing its registered	d office or registered agent, or both,	
SUITE 202 RIVIERA E The above n the State	2 BEACH, FL named ent e of Florida. RE:	ity subm			d office or registered agent, or both, Date	
SUITE 202 RIVIERA B The above n the State SIGNATUF	2 BEACH, FL named ent e of Florida. RE:	ity subm	nits this statement for gnature of Registered	i Agent		
SUITE 202 RIVIERA B The above n the State SIGNATUF	2 BEACH, FL named ent e of Florida. RE: Elec	tronic Signer () Delet RALD M	nits this statement for gnature of Registered S:	ADDITIONS/CHANGE	Date	
SUITE 202 RIVIERA E The above In the State SIGNATUF DFFICERS Value: Val	PEACH, FL Inamed enter of Florida. RE: Elect S AND DIR P,D WARD, GE 31 WEST 2 RIVIERA BE D DAHLMEIE 760 US HW	tronic Signature () Delet RALD M 20TH ST. EACH,, FL () Delet R, F M MY ONE, S	gnature of Registered S: e 33404 US	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTORS	

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: GERALD M WARD PD 04/29/2009