

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08369

FILED
Mar 09, 2009
Secretary of State

Entity Name: PALM CHASE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10755 PALM LAKE AVENUE
BOYNTON BCH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

10755 PALM LAKE AVE
BOYNTON BCH, FL 33437 US

New Mailing Address:

FEI Number: 59-2551033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALLAN M
10592 TROPIC PALM AVE. #202
BOYNTON BCH, FL 33437 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: P () Delete
Name: COHN, ALLAN
Address: 10592 TROPIC PALM AVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: ROSENBLATT, RICHARD
Address: 10789 BANAMA PALM WAY APT. 202
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: CHOPER, PHYLLIS
Address: 10702 BEACH PALM CT., B
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: GOLDBERG, RALPH
Address: 10948 DOLPHIN PALM CT. APT B
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: HOLTZMAN, HELEN
Address: 10714 BCH PALM CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: GOLDBERG, HOWARD
Address: 10789 BAHAMA PALM WAY APT 202
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: ALLAN COHN

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date