2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N31853

Entity Name: PALM ISLES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

9545 PALM ISLES DR
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

9545 PALM ISLES DR
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 65-0169608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAX, SPENCER
301 YAMATO ROAD
BOCA RATON, FL 33431 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: FRANK, HYMAN
Address: 9545 PALM ISLES DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TD ( ) Delete
Name: HAMMER, DANIEL
Address: 9545 PALM ISLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: SD ( ) Delete
Name: HALPER, MORRIS
Address: 9545 PALM ISLES DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FINE, GLORIA
Address: 9545 PALM ISLES DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TD (X) Change ( ) Addition
Name: HALPER, MORRIS
Address: 9545 PALM ISLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: SD (X) Change ( ) Addition
Name: KAPLAN, BERT
Address: 9545 PALM ISLES DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA FINE P 03/08/2007

Electronic Signature of Signing Officer or Director — Date