

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31853

FILED
Jan 26, 2012
Secretary of State

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 ()

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN
6111 BROKEN SOUND PARKWAY, #200
BOCA RATON, FL 33487 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
Name: COHEN, DANIEL
Address: 9545 PALM ISLES DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: T VP
Name: FRANK, HYMAN
Address: 9545 PALM ISLES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: S
Name: BRICKS, ALINE
Address: 9545 PALM ISLES DR
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: EVP
Name: ROSENFELD, JANICE
Address: 9545 PALM ISLES DR.
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP
Name: KAPLAN, BERT
Address: 9545 PALM ISLES DR.
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP
Name: GROSSMAN, ARTHUR
Address: 9545 PALM ISLES DR.
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: ALINE BRICKS

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01/26/2012

Electronic Signature of Signing Officer or Director

Date