

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35081

FILED
Mar 23, 2009
Secretary of State

Entity Name: PALM ISLES I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9545 PALM ISLES DRIVE
BOYNTON BCH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

9545 PALM ISLES DRIVE
BOYNTON BCH, FL 33437 US

New Mailing Address:

FEI Number: 65-0169609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDENBERG, SID
9545 PALM ISLES DR.
BOYNTON BEACH, 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: D () Delete
Name: LANDAU, RUTH
Address: 9853 SEACREST CIRCLE #201
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: HAROLD, KFARE
Address: 9977 HARBOUR LAKE CIR. #101
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD () Delete
Name: FRIEDENBERG, SIDNEY
Address: 7865 WHISPERING PALMS
City-St-Zip: BOYNTON BEACH, FL

Title: VD () Delete
Name: SHERMAN, PHILIP
Address: 9757 SEACREST CIRCLE #101
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: KNIPPEL, CLAIRE
Address: 9916-A SUMMERBROOK TERRACE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: HALPER, MORRIS
Address: 9832-A SUMMERBROOK TER
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: SHERMAN, PHIL
Address: 9757 SEACREST CIRCLE #101
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRUNDT, ARLENE
Address: 7873 WHISPERING PALMS DR., #102
City-St-Zip: BOYNTON BEACH, FL 33437

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: SIDNEY FRIEDENBERG

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date