


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90020 033 \*\*\*\*61.25

|  |  |                                 |  |   |                                    |
|--|--|---------------------------------|--|---|------------------------------------|
| <b>DOCUMENT # N35455</b><br>1. Entity Name<br><b>PALM ISLAND MAINTENANCE ASSOCIATION, INC.</b>   |  |                                 |  |  |                                    |
| Principal Place of Business<br><b>1495 NORTH PARK DR<br/>WESTON, FL 33326 US</b>   |  |                                 | Mailing Address<br><b>1495 NORTH PARK DR<br/>WESTON, FL 33326 US</b>   |   |                                    |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address              |  |   |                                    |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.             |  |   |                                    |
| City & State   |  | City & State                    |  |   |                                    |
| Zip  | Country  | Zip                             | Country  | 4. FEI Number<br><b>65-0164754</b>  |                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | <b>\$8.75 Additional Fee Required</b>   |                                    |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BAKALAR &amp; EICHNER, P.A.<br/>150 S PINE ISLAND RD<br/>SUITE 540<br/>PLANTATION, FL 33324-2669</b>  |  |                                 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                   |   |                                    |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |                                 | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |   |                                    |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |   | <b>\$5.00 May Be Added to Fees</b> |
| <b>Make check payable to Florida Department of State</b>   |  |                                 |  |   |                                    |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>SOLOFF, STACEY<br>3300 CORPORATE AVE., #10<br>WESTON, FL 33331   | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPTD<br>RASSNER, GLENN<br>3300 CORPORATE AVE. #110<br>WESTON, FL 33331 | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>VACKER, MARK<br>33000 CORPORATE AVE., #110<br>WESTON, FL 33331   | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | [Blank]  | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | [Blank]  | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | [Blank]  | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | [Blank]  | <input type="checkbox"/> Delete |  |   |                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | [Blank]  | <input type="checkbox"/> Delete |  |   |                                    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |                                 |  |   |                                    |
| <b>SIGNATURE:</b> <i>[Signature]</i>   |  |                                 |  |   |                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                                 |  |   |                                    |
| Date: <b>2-13-07</b>   |  |                                 |  |   |                                    |
| Daytime Phone #  |  |                                 |  |   |                                    |

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01052007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                        |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SOLOFF, STACEY<br>3300 CORPORATE AVE., #10<br>WESTON, FL 33331   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPTD<br>RASSNER, GLENN<br>3300 CORPORATE AVE. #110<br>WESTON, FL 33331 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1495 North Park Drive<br>Weston FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>VACKER, MARK<br>33000 CORPORATE AVE., #110<br>WESTON, FL 33331   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1495 North Park Drive<br>Weston FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-13-07 Daytime Phone #