2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N42319

Entity Name: PALM LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4601 COMMUNITY DRIVE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-3129164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALK, GARY ESQ.
515 NO. FLAGLER DRIVE
18TH FLOOR, NORTHBRIDGE TOWER 1
WEST PALM BEACH, FL 33401 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: LIST, MARTIN
Address: 223 SUNSET AVENUE NO. 110
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: LEVY, MARK F
Address: 100 CENTURY BLVD.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete
Name: KOLLINGER, HERBERT H
Address: 7025 CARLISLE LANE
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Delete
Name: KOLLINGER, EDWIN P
Address: 2809 N. EAST 25TH ST
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D (X) Change ( ) Addition
Name: KOLLINGER, EDWIN P
Address: 2869 N EAST 24TH PL
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D ( ) Change (X) Addition
Name: ZUPNIK, STANLEY R
Address: 5530 WISCONSIN AVE
City-St-Zip: CHEVY CHASE, MD 20815

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTIN LIST D 01/19/2004

Electronic Signature of Signing Officer or Director — Date