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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50236 (1)
1. Corporation Name
PALM ISLES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445
Mailing Address: 1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 07/30/1992
4. FEI Number: 65-0352593
Applied For: Not Applicable

2. Principal Place of Business: 21 Palm Isles II Condo Assn, Suite, Apt. #, etc. 9545 Palm Isles DR, City & State: Boynton Bch FL, Zip: 33446, Country: Palm Bch
2a. Mailing Address: 26 Suite, Apt. #, etc. SAME, City & State: SAME, Zip: 33446, Country: Palm Bch

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: SACHS, PETER S, SACH, SAX & KLEIN P.A., 301 YAMATO ROAD STE 4150, BOCA RATON FL 33431

10. Name and Address of New Registered Agent: 81 Name: Palm Isles Condo II Assoc, 82 Street Address (P.O. Box Number is Not Acceptable): 9545 PALM ISLES DRIVE, 83, 84 City: Boynton Bch FL, 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 1/22/98

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	COHEN, DANIEL	
STREET ADDRESS	7083 SUMMER TREE DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, JOANN	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DAVIS, ELLIOT A	
STREET ADDRESS	1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	NUNEZ, ANTONIO	
STREET ADDRESS	1690 SO CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, RICHARD D.	
STREET ADDRESS	1690 SO. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	COHEN, DANIEL	
STREET ADDRESS	7083B SUMMER TREE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VERMELSTEIN, GERALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President & Director	
2.3 STREET ADDRESS	7227 SUMMER TREE DRIVE	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
3.1 TITLE	TREASURER & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MERSIK, MAAK	
3.3 STREET ADDRESS	7152 SUMMER TREE DRIVE	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
4.1 TITLE	FALLEK, MARILYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY	
4.3 STREET ADDRESS	7408 LAKE MEADOW WAY	
4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
5.1 TITLE	BOYNTON, HARRIET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR	
5.3 STREET ADDRESS	7203 SUMMER TREE DRIVE	
5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
6.1 TITLE	LIPSON, LEON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR	
6.3 STREET ADDRESS	7047 SUMMER TREE DRIVE	
6.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1/22/98 369-2995

CR2E037 (10/97)