


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90038 028 ****61.25

0044961

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N50236

1. Corporation Name
PALM ISLES II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business PALM ISLES II CONDO ASSOC 9545 PALM ISLES DR BOYNTON BEACH FL 33446 US	Mailing Address PALM ISLES II CONDO ASSOC 9545 PALM ISLES DR BOYNTON BEACH FL 33446 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0352593
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent PALM ISLES CONDO II ASSOC 9545 PALM ISLES DRIVE 901 YAMATO ROAD STE 4150 BOYNTON BEACH FL 33437	10. Name and Address of New Registered Agent 81 Name <i>Palm Isles Condo II Assoc</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>9545 Palm Isles Drive</i> 83 84 City <i>Boynton Beach</i> FL 85 Zip Code <i>33437</i>
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	NAME COHEN, DANIEL	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7083 SUMMER TREE DR	CITY-ST-ZIP BOYNTON BCH FL	1.2 NAME	
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE	NAME MERMELSTEIN, GERALD	2.2 NAME	
STREET ADDRESS 7227 SUMMERTREE DRIVE	CITY-ST-ZIP BOYNTON BEACH FL 33437	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	3.1 TITLE VPTD	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME MERSH, MARK	3.2 NAME Hersh, Mark	
STREET ADDRESS 7152 SUMMERTREE DRIVE	CITY-ST-ZIP BOYNTON BEACH FL 33437	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME FALLEK, MARILYN	4.3 STREET ADDRESS	
STREET ADDRESS 7408 LAKE MEADOW WAY	CITY-ST-ZIP BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> DELETE	5.2 NAME D Harriet Busman	
NAME BOSMATN, HARRACE	STREET ADDRESS 7203 SUMMERTREE DRIVE	5.3 STREET ADDRESS 7203 Summer Tree Drive	
5.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE <input checked="" type="checkbox"/> DELETE	NAME COHEN, DANIEL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7083B SUMMER TREE DRIVE	CITY-ST-ZIP BOYNTON BEACH FL	6.2 NAME D Leon Lipson	
6.3 STREET ADDRESS 7047 Summer Tree Drive	6.3 STREET ADDRESS	6.3 STREET ADDRESS Boynton Beach, FL 33437	
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED VPTD** 1/27/99 (561) 735-4686
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)