

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90063 039 \*\*\*\*61.25

**DOCUMENT # N50236**

1. Entity Name

**PALM ISLES II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**PALM ISLES II CONDO ASSOC  
 9545 PALM ISLES DR  
 BOYNTON BEACH FL 33446  
 US**

**PALM ISLES II CONDO ASSOC  
 9545 PALM ISLES DR  
 BOYNTON BEACH FL 33437-3824  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0352593**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALM ISLES CONDO II ASSOC  
 9545 PALM ISLES DRIVE  
 BOYNTON BEACH FL 33437**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, DANIEL	
STREET ADDRESS	7083 SUMMER TREE DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	HERSH, MARK	
STREET ADDRESS	7152 SUMMERTREE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALLEK, MARILYN	
STREET ADDRESS	7408 LAKE MEADOW WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSMAN, HARRIET	
STREET ADDRESS	7203 SUMMERTREE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPSON, LEON	
STREET ADDRESS	7047 SUMMER TREE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARRY BERNER	
STREET ADDRESS	7320 SUMMER TREE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Daniel	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hersh, mark	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Busman, Harriet	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Berner	
STREET ADDRESS	7320 Summer Tree Drive	
CITY-ST-ZIP	Boynton Beach, FL 33437	

12. 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 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.

**SIGNATURE:** *Daniel Cohen, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/2000* *(61) 737-5950*  
 Date Daytime Phone #

CR2E037 (9/99)