

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 050 \*\*\*\*61.25

40046004



<b>DOCUMENT # N50236</b>					
1. Entity Name <b>PALM ISLES II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PHOENIX MGT. 3082 JOG ROAD LAKE WORTH, FL 33467 US</b>			Mailing Address <b>C/O PHOENIX MGT. 3082 JOG ROAD LAKE WORTH, FL 33467 US</b>		
2. Principal Place of Business <b>9545 PALM ISLES DR.</b>		3. Mailing Address <b>9545 PALM ISLES DR.</b>		02022005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>BOYNTON BEACH, FL</b>		4. FEI Number <b>65-0352593</b>	
Zip <b>33437</b>		Country <b>PALM BEACH</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33437</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROSENTHAL, DAVID C C/O PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name <b>LARRY BERNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>9545 PALM ISLES DRIVE</b> City <b>BOYNTON BEACH</b> <b>FL</b> Zip Code <b>33437</b>		
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 <i>Larry Berner</i> <b>PRESIDENT</b>		DATE <b>2/21/05</b>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, DANIEL 7083 SUMMER TREE DR BOYNTON BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HERSH, MARK 7152 SUMMERTREE DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIALK, LEONA 7311 SUMMER TREE DRIVE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, LEON 7047 SUMMER TREE DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNER, LARRY 7320 SUMMER TREE DR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD KLEIN 9545 PALM ISLES DRIVE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			
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: <i>Larry Berner</i> <b>PRESIDENT</b>			DATE <b>2/21/05</b> 738-6691		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>LARRY BERNER, PRESIDENT</b>					

# ATTACHMENT

## COVER LETTER

# COPY

TO: Amendment Section  
Division of Corporations

40026652

NAME OF CORPORATION: PALM ISLES II CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N50236

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY BERNER

(Name of Contact Person)

(Firm/ Company)

9545 PALM ISLES DRIVE

(Address)

BOYNTON BEACH, FL 33437

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

WAYNE R. KOCZAK

(Name of Contact Person)

at ( 561 ) 369-2995

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

### Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### Street Address

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

40026652

PALM ISLES II CONDOMINIUM ASSOCIATION, INC, c/o PHOENIX MGT.

N50236

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

[illegible]

(continued)

# ATTACHMENT

400 26652

# N50236

The date of adoption of the amendment(s) was: AUGUST 1, 2004

Effective date if applicable: AUGUST 1, 2004  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 21<sup>st</sup> day of February, 2005.

Signature Larry Berner  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

LARRY BERNER

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

**FILING FEE: \$35**