


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 028 ****61.25

DOCUMENT # N50236 1. Entity Name PALM ISLES II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9545 PALM ISLES DR BOYNTON BEACH, FL 33437 US	Mailing Address 9545 PALM ISLES DR BOYNTON BEACH, FL 33437 US
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DO NOT WRITE IN THIS SPACE

40070010



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0352593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNER, LARRY 9545 PALM ISLES DRIVE BOYNTON BEACH, FL 33437
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, DANIEL 7083 SUMMER TREE DR BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HERSH, MARK 7152 SUMMERTREE DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, RICHARD 9545 PALM ISLES DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSON, LEON 7047 SUMMER TREE DRIVE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNER, LARRY 7320 SUMMER TREE DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Larry Berner President 3/17/08 561-738-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #