



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

| | | | |
|---|--|---|--|
| DOCUMENT # N93000003539 1. Entity Name PALMS WEST INDUSTRIAL PARK II ASSOCIATION, INC. | |  | |
| Principal Place of Business 3281 PERIMETER DRIVE LAKE WORTH, FL 33467 | | Mailing Address 3281 PERIMETER DRIVE LAKE WORTH, FL 33467 | |
| <h2>DO NOT WRITE IN THIS SPACE</h2> | |  04302004 No Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 65-0495403 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARMON, BLAKE M ESQ. 665 S.E. TENTH STREET SUITE 201 DEERFIELD BEACH, FL 33441 | | <h2>DO NOT WRITE IN THIS SPACE</h2> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| U000000151632 05/04/04-80052-007 61.25 | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTSD WHITESIDE, MARY KATHRYN 847 DIXIE AVENUE MADISON, GA 30650 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST WHITESIDE, DARRELL D 5173 WOODLAND DRIVE DELRAY BEACH, FL 33484 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AST WHITESIDE, LEWIS ANDREW 3281 PERIMETER DRIVE LAKE WORTH, FL 33465 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <h2>DO NOT WRITE IN THIS SPACE</h2> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | |
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| 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>Lewis Andrew Whiteside</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4/30/04 561-753-8210 <small>Date Daytime Phone #</small> | |