

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 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**



04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0495403

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	WHITESIDE, MARY KATHRYN
STREET ADDRESS	847 DIXIE AVENUE
CITY-ST-ZIP	MADISON, GA 30650
TITLE	ST
NAME	WHITESIDE, DARRELL D
STREET ADDRESS	5173 WOODLAND DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	AST
NAME	WHITESIDE, LEWIS ANDREW
STREET ADDRESS	3281 PERIMETER DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80083-008 61.25

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IN THIS SPACE**

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: _____

Lewis Andrew Whiteside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____