

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003539

FILED
Feb 04, 2008
Secretary of State

Entity Name: PALMS WEST INDUSTRIAL PARK II ASSOCIATION, INC.

Current Principal Place of Business:

3281 PERIMETER DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3281 PERIMETER DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0495403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMON, BLAKE M ESQ.
665 S.E. TENTH STREET
SUITE 201
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: WHITESIDE, CLARENCE L
Address: 3281 PERIMETER DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: ST () Delete
Name: WHITESIDE, DARRELL D
Address: 5173 WOODLAND DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: AST () Delete
Name: WHITESIDE, LEWIS ANDREW
Address: 3281 PERIMETER DRIVE
City-St-Zip: LAKE WORTH, FL 33465

Title: EVP () Delete
Name: WHITESIDE, MARY K
Address: 847 DIXIE AVENUE
City-St-Zip: MADISON, GA 30650

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE L. WHITESIDE

PTSD

02/04/2008

Electronic Signature of Signing Officer or Director

Date