

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90045 009 \*\*\*\*70.00

<b>DOCUMENT # N95000000712</b> 1. Entity Name <b>PALM ISLES WEST ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MANAGEMENT GROUP</b> <b>6300 APK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL 33487</b>			Mailing Address <b>PRIME MANAGEMENT GROUP</b> <b>6300 APK OF COMMERCE BLVD.</b> <b>BOCA RATON, FL 33487</b>		
<b>J.A.N. PROPERTY MANAGEMENT, INC.</b>					
2. Principal Place of Business - No P.O. Box # <b>123 N. CONGRESS AVE</b> Suite, Apt. #, etc. <b>#132</b>		3. Mailing Address <b>123 N. CONGRESS AVE</b> Suite, Apt. #, etc. <b>#132</b>		4092007 Chg-NP CR2E037 (12/06)	
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>BOYNTON BEACH, FL</b>		4. FEI Number <b>65-0615764</b>	
Zip <b>33426</b>		Country <b>PAIM BEACH</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MYLAN, DIONALD</b> <b>9815 ARBOR VIEW DRIVE S.</b> <b>BOYNTON BEACH, FL 33437</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>STEVE WORRELL</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <b>4/9/07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYLAN, DONALD 9815 ARBORVIEW DR SOUTH BOYNTON BEACH, FL 33437			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEN, EDWARD 4519 CRESCENTVIEW DRIVE BOYNTON BEACH, FL 33437			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNN, IRVING 9831 CRESCENT VIEW DR. SOUTH BOYNTON BEACH, FL 33437			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROST, FRANK 9673 ARBOR VIEW DR. N BOYNTON BEACH, FL 33437			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, MARILYN 9856 CRESCENTVIEW DR. SOUTH BOYNTON BEACH, FL 33437			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDIOTTI, MAX 9767 CRESCENT VEW DR SOUTH BOYNTON BEACH, FL 33437			<input type="checkbox"/> Delete	
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: <b>DIRECTOR</b> <b>4/9/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					