

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008
Secretary of State

DOCUMENT# N95000000712

Entity Name: PALM ISLES WEST ASSOCIATION, INC.

Current Principal Place of Business:

J.A.N. PROPERTY MANAGEMENT, INC.
123 N. CONGRESS AVE #132
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

J.A.N. PROPERTY MANAGEMENT, INC.
123 N. CONGRESS AVE #132
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 65-0615764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MYLAN, DIONALD
9815 ARBOR VIEW DRIVE S.
BOYNTON BEACH, FL 33437 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: PD () Delete
Name: MYLAN, DONALD
Address: 9815 ARBORVIEW DR SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: ROSEN, EDWARD
Address: 4519 CRESCENTVIEW DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: DUNN, IRVING
Address: 9831 CRESCENT VIEW DR. SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: KROST, FRANK
Address: 9673 ARBOR VIEW DR. N
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD () Delete
Name: ROBERTS, MARILYN
Address: 9856 CRESCENTVIEW DR. SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: CANDIOTTI, MAX
Address: 9767 CRESCENT VEW DR SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437

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:

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: DONMYLAN

PRES

07/02/2008

Electronic Signature of Signing Officer or Director

_____ Date