2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002371

1. Entity Name
PALM - HIBISCUS - STAR ISLANDS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
152 PALM AVENUE	152 PALM AVENUE
MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

07042006   Chg-NP   CR2E037 (4/06)

4. FEI Number
65-0962105
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUELLER, HANS C 255 PALM AVENUE MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 _HANS C. MUELLER_ ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE _7/13/2006_

Filing Fee is $61.25 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUELLER, HANS C		NAME		
STREET ADDRESS	255 PALM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WILLENSKY, MARGIE		NAME		
STREET ADDRESS	7 NORTH HIBISCUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	JOSEPH KAPLAN	☐ Change ☒ Addition
NAME	MORSICK, ADAM		NAME	112 EAST 1st COURT	
STREET ADDRESS	122 EAST 2ND COURT		STREET ADDRESS	MIAMI BEACH, FL 33139	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EVANS, CINDA		NAME		
STREET ADDRESS	415 NORTH HIBISCUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRAGASH, TODD		NAME		
STREET ADDRESS	261 PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	AL LEVY	☐ Change ☒ Addition
NAME	TRAGASH, TODD		NAME	14 NORTH COCONUT LANE	
STREET ADDRESS	261 PALM AVENUE		STREET ADDRESS	MIAMI BEACH, FL 33139	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		

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 _HANS C. MUELLER, 1/13/2006_ _305-333-0055_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #