


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90001 001 \*\*\*\*61.25

<b>DOCUMENT # N98000004830</b> 1. Entity Name <b>THE PALMS 2100 MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>2100 N OCEAN BLVD FT LAUDERDALE, FL 33305</b>			Mailing Address <b>2100 N OCEAN BLVD FT LAUDERDALE, FL 33305</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0862163</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MYMAN, KAPLAN, GANGUZZA, SPECTOR+MARS, PA 150 WEST FLAGLER STREET TWENTY SEVENTH FLOOR MIAMI, FL 33130</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOOLMAN, WILLIAM		NAME		
STREET ADDRESS	2110 N. OCEAN BLVD. #2305		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	<del>VPD</del> D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANN, ROBERT		NAME		
STREET ADDRESS	2100 N. OCEAN BLVD. #2102		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MULLEN, EDWARD		NAME	Stewart Dougherty	
STREET ADDRESS	2110 N OCEAN BLVD, # 1604		STREET ADDRESS	2100 N. ocean Blvd, #	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GNATT, HOWARD		NAME		
STREET ADDRESS	2110 N. OCEAN BLVD. #1801		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	<del>B-VPD</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTOO, NIKOLAI		NAME		
STREET ADDRESS	P.O. BOX 254		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>William Schoolman</i>			11/19/06 954-565-7734		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		