

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90041 001 \*\*\*\*61.25

**DOCUMENT # N98000004830**

1. Entity Name  
**THE PALMS 2100 MASTER ASSOCIATION, INC.**



Principal Place of Business  
**2100 N OCEAN BLVD  
FT LAUDERDALE, FL 33305**

Mailing Address  
**2100 N OCEAN BLVD  
FT LAUDERDALE, FL 33305**

**40044950**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0862163**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HYMAN, SPECTOR & MARS, PA  
150 WEST FLAGLER STREET  
TWENTY SEVENTH FLOOR  
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE VP ☒ Delete  
NAME SCHOOLMAN, WILLIAM  
STREET ADDRESS 2110 N. OCEAN BLVD. #2305  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE D ☒ Delete  
NAME MANN, ROBERT  
STREET ADDRESS 2100 N. OCEAN BLVD. #2102  
CITY-ST-ZIP FT LAUDERDALE, FL 33305

TITLE PD ☒ Delete  
NAME DOUGHERTY, STEWART  
STREET ADDRESS 2100 N. OCEAN BLVD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE TD ☐ Delete  
NAME GNATT, HOWARD  
STREET ADDRESS 2110 N. OCEAN BLVD. #1801  
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE D ☐ Delete  
NAME BATTOO, NIKOLAI  
STREET ADDRESS P.O. BOX 254  
CITY-ST-ZIP FT LAUDERDALE, FL 33305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition  
NAME Pat Heessels  
STREET ADDRESS 2100 N. Ocean Blvd  
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE SECRETARY ☐ Change ☒ Addition  
NAME JOAN Bakh  
STREET ADDRESS 2110 N. Ocean Blvd  
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE D ☐ Change ☒ Addition  
NAME Lynn Pronesti  
STREET ADDRESS 2100 N. Ocean Blvd.  
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE PD ☒ Change ☐ Addition  
NAME Ghatt, Howard  
STREET ADDRESS 2110 N. Ocean Blvd #1801  
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE VP ☒ Change ☐ Addition  
NAME Battoo, Nikolai  
STREET ADDRESS PO Box 254  
CITY-ST-ZIP Fort Lauderdale, FL 33305

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Michael L. Capps, L.C.A.M.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08 954-565-4560  
Date Daytime Phone #

EXT 221

Michael Capps