

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90699 002 \*\*\*\*61.25

DOCUMENT # **W98000005573**

1. Entity Name  
**Palm Isles Women's Club**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7746 Springwater Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME 7746 Springwater**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Boynton Beach, Fl.**  
Zip  
**33437**  
Country  
**USA**

City & State  
**Boynton Beach, Fl**  
Zip  
**33437**  
Country  
**USA**

4. FEI Number  
**65-0859015**

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Iris HALPERN - President Women's Club**

Street Address (P.O. Box Number is Not Acceptable)  
**7746 Springwater Place**

City  
**Boynton Beach, FL** Zip Code  
**33437**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President Women's Club of Palm Isles</b> <b>Iris HALPERN</b> <b>7746 Springwater Place</b> <b>Boynton Beach, Fl. 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Helen ANISM AN</b> <b>7096 Summer Tree Drive</b> <b>Boynton Beach, Fl 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Estelle Sabin</b> <b>7533 Island Breeze Ter.</b> <b>Boynton Beach, Fl 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Audrey Coleman</b> <b>7825 Whispering Palms Drive</b> <b>Boynton Beach Fl. 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Iris Halpern**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/04** **561-736-9693**  
Date Daytime Phone #

CR2E037B (12/02)