


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005573 1. Entity Name PALM ISLES WOMEN'S CLUB, INC.		
Principal Place of Business 7746 SPRINGWATER PLACE BOYNTON BEACH, FL 33437	Mailing Address 7746 SPRINGWATER PLACE BOYNTON BEACH, FL 33437	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HALPREN, IRIS 7746 SPRINGWATER PLACE BOYNTON BEACH, FL 33437-3813		
DO NOT WRITE IN THIS SPACE		
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>		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANISMAN, HELEN 7096 SUMMER TREE DR. BOYNTON BEACH, FL 33437	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPERN, IRIS 7746 SPRINGWATER PLACE BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SABIN, ESTELLE 9533 ISLAND BREEZE TER BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLEMAN, AUDREY 7825 WHISPERING PALMS DR. BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Iris Halpern</i> IRIS HALPERN		561.736.9693



03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0859015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/19/05-80038-019 61.25