

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90065 009 ****61.25

DOCUMENT # N98000005573

1. Entity Name

PALM ISLES WOMEN'S CLUB, INC.



Principal Place of Business

Mailing Address

9545 PALM ISLES DR
BOYNTON BEACH FL 33437

7096 SUMMER TREE DR
BOYNTON BEACH FL 33437



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

3. Mailing Address

9545 PALM ISLES DRIVE

7096 SUMMER TREE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

BOYNTON BEACH, FL

BOYNTON BEACH, FL

4. FEI Number

65-0859015

Applied For

Not Applicable

Zip

Country

Zip

Country

33437

PALM BEACH

33437

PALM BEACH

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

ANISMAN, HELEN
7096 SUMMER TREE DR
BOYNTON BEACH FL 33437

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

Helen Anisman, President

3/5/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
P	ANISMAN, HELEN	7096 SUMMER TREE DR	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
EVP	GOLDFARB, CAROLE	7899 SAILING SHORES TERR	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MURIEL, LEVINE	9975 SEACREST CIR, APT 102	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	DELGADO, LYDIA	7685 SPRINGWATER PL, # 202	BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/>	SECRETARY:	COHEN, SIMA	7083 SUMMER TREE DRIVE	BOYNTON BEACH, FLORIDA 33437	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	SCHWARTZ, ELAINE	9553 SHADYBROOK DR, # 102	BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	LURIE, RUTH	7032 SUMMER TREE DR	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Helen Anisman, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

561-735-3368