

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 017 ****61.25

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|---|---|--|---|--|--|---|--------------------------------------|---|--|------------------------------|-----------|--------------------------|--|
| DOCUMENT # N98000005573 | | | | | | | | | | | | | |
| 1. Entity Name PALM ISLES WOMEN'S CLUB, INC. | | | | | | | | | | | | | |
| Principal Place of Business 9545 PALM ISLES DR BOYNTON BEACH, FL 33437 | | | Mailing Address 7096 SUMMER TREE DR BOYNTON BEACH, FL 33437 <div style="text-align: right; margin-top: 10px;">c/o M. Levine</div> | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 9975 Seacrest Circle Suite (Ap) #, etc. 102 | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite (Ap) #, etc. | | | | | | | | | | | |
| City & State | | City & State Boynton Beach, FL | | 4. FEI Number 65-0859015 | | | | | | | | | |
| Zip | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ANISMAN, HELEN 7096 SUMMER TREE DR BOYNTON BEACH, FL 33437 | | 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name Muriel Levine</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 9975 Seacrest Circle</td> </tr> <tr> <td style="padding: 5px;">City Boynton Beach</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code 33437</td> </tr> </table> | | | | Name Muriel Levine | | Street Address (P.O. Box Number is Not Acceptable) 9975 Seacrest Circle | | City Boynton Beach | FL | Zip Code 33437 | |
| Name Muriel Levine | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 9975 Seacrest Circle | | | | | | | | | | | | | |
| 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. <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> SIGNATURE <u>Muriel Levine - Muriel Levine</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; padding: 5px;"> <u>7/8/08</u> <small>DATE</small> </td> </tr> </table> | | | | | | SIGNATURE <u>Muriel Levine - Muriel Levine</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <u>7/8/08</u> <small>DATE</small> | | | | | | |
| SIGNATURE <u>Muriel Levine - Muriel Levine</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | <u>7/8/08</u> <small>DATE</small> | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 P | NAME ANISMAN, HELEN | | TITLE P | NAME Bittner, Sonia | | | | | | | | | |
| STREET ADDRESS 7096 SUMMER TREE DR | CITY-ST-ZIP BOYNTON BEACH, FL 33437 | | STREET ADDRESS 9781 Seacrest Circle # 202 | CITY-ST-ZIP Boynton Beach FL 33437 | | | | | | | | | |
| TITLE EVP | NAME GOLDFARB, CAROLE | | TITLE | NAME | | | | | | | | | |
| STREET ADDRESS 7899 SAILING SHORES TERR | CITY-ST-ZIP BOYNTON BEACH, FL 33437 | | STREET ADDRESS | CITY-ST-ZIP | | | | | | | | | |
| TITLE T | NAME MURIEL, LEVINE | | TITLE | NAME | | | | | | | | | |
| STREET ADDRESS 9975 SEACREST CIR, APT 102 | CITY-ST-ZIP BOYNTON BEACH, FL 33437 | | STREET ADDRESS | CITY-ST-ZIP | | | | | | | | | |
| TITLE S | NAME COHEN, SIMA | | TITLE | NAME | | | | | | | | | |
| STREET ADDRESS 7083 SUMMER TREE DRIVE | CITY-ST-ZIP BOYNTON BEACH, FL 33437 | | STREET ADDRESS | CITY-ST-ZIP | | | | | | | | | |
| TITLE VP | NAME LURIE, RUTH | | TITLE | NAME | | | | | | | | | |
| STREET ADDRESS 7032 SUMMER TREE DR | CITY-ST-ZIP BOYNTON BEACH, FL 33437 | | STREET ADDRESS | CITY-ST-ZIP | | | | | | | | | |
| TITLE | NAME | | TITLE | NAME | | | | | | | | | |
| STREET ADDRESS | CITY-ST-ZIP | | 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: <u>Muriel Levine - Muriel Levine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>7/8/08</u> <small>Date</small> | | | | | | | | | | |
| | | | <u>561 364-9478</u> <small>Daytime Phone #</small> | | | | | | | | | | |