

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005573

FILED
Mar 28, 2009
Secretary of State

Entity Name: PALM ISLES WOMEN'S CLUB, INC.

Current Principal Place of Business:

9545 PALM ISLES DR
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

C/O M. LEVINE
9975 SEACREST CIRCLE #102
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-0859015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MURIEL
9975 SEACREST CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BITTNER, SONIA
Address: 9781 SEACREST CIRCLE #202
City-St-Zip: BOYNTON BEACH, FL 33437

Title: EVP () Delete
Name: GOLDFARB, CAROLE
Address: 7899 SAILING SHORES TERR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: MURIEL, LEVINE
Address: 9975 SEACREST CIR, APT 102
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S () Delete
Name: COHEN, SIMA
Address: 7083 SUMMER TREE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: LURIE, RUTH
Address: 7032 SUMMER TREE DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURIEL LEVINE

TREA

03/28/2009

Electronic Signature of Signing Officer or Director

Date