


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

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91014 010 ***61.25

DOCUMENT # N98000005573

1. Entity Name
Palm Isles Women's Club



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Iris HALPERN Pres. 7746 Springwater Pl.

Suite, Apt. #, etc. _____

3. Mailing Address
7746 Springwater Pl.

Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State <u>Boynton Beach, FL</u>		City & State <u>Boynton Beach, FL</u>		4. FEI Number <u>65-085-9015</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33437</u>	Country <u>Palm Beach</u>	Zip <u>33437</u>	Country <u>Palm Beach</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Iris HALPERN President

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	<u>President P</u> <u>Iris Halpern</u> <u>7746 Springwater Place</u> <u>Boynton Beach, Florida 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Helen Anisman</u> <u>7096 Summer Tree Dr.</u> <u>Boynton Beach, FL 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Carole Goldfarb</u> <u>7899 Sailing Shores Ter.</u> <u>Boynton Beach, FL 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Marilyn Meadow</u> <u>9939 Seacrest Circle</u> <u>Boynton Beach, FL 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Estelle Sabin</u> <u>7533 Island Breeze Ter.</u> <u>Boynton Beach, FL 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Audrey Coleman</u> <u>7825 Whispering Palms Dr.</u> <u>Boynton Beach, FL 33437</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. 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 3/19/03 561-736-9693

CR2E037B (12/02)