2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90038 020 ****70.00

DOCUMENT # N99000000346

1. Entity Name

SEASONAL PALM ISLANDERS, INC.

Principal Place of Business	Mailing Address
7099 SUMMER TREE DRIVE BOYNTON BEACH FL 33437	7099 SUMMER TREE DRIVE BOYNTON BEACH FL 33437

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9769 Seacrest Circle	9769 Seacrest Circle
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.: #101
City & State: Boynton Beach Florida	City & State: Boynton Beach Florida
Zip: 33437 Country: U.S.A.	Zip: 33437 Country: U.S.A.

4. FEI Number: 65-0901029 ☐ Applied For ☐ Not Applicable

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
FELDMAN, MORT 7099 SUMMER TREE DRIVE BOYNTON BEACH FL 33437	Name: Sylvia Cohen Street Address (P.O. Box Number is Not Acceptable): 9769 Seacrest Circle #101 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: Sylvia Cohen Sylvia Cohen Treasurer 3/10/08
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, 2008

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	P EPSTEIN, HARVEY 9784A SUMMERBROOK TERR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COHEN, SYLVIA 9769 SEACREST CIR 101 BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARROW, ROSALIE 9613 SHADYBROOK DRIVE 202 BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, PEARL 7187 SUMMER TREE DR BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D LEAH Schneider 9951 Seacrest Circle #101 Boynton Beach FL 33437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINBERG, HAROLD 7171 SUMMER TREE DR BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARDER, MIRAM 7622 SEAFARM CT BOYNTON BEACH FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sylvia Cohen Sylvia Cohen Treasurer 3/10/08 561-369-0622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #