2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90163 034 ****61.25

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1. Entity Name
PALERMO AT VENETIAN ISLES (PARCEL D)
HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CASTLE MANAGEMENT 5850 W. ATLANTIC AVE DELRAY BEACH, FL 33484	C/O CASTLE MANAGEMENT 5850 W. ATLANTIC AVE DELRAY BEACH, FL 33484

02202006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
15200 JOG ROAD	15200 JOG ROAD
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.: 205
City & State: DELRAY BEACH, FLORIDA	City & State: DELRAY BEACH, FLORIDA
Zip: 33446 Country:	Zip: 33446 Country:

4. FEI Number: 65-0984573 ☐ 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
SACH'S SAX & KLEIN, P.A. 301 YAMATO ROAD, STE 4150 BOCA RATON, FL 33431	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	TD HERMAN, AARON 8970 VIZ TUSCANY DR. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRILLIAT, ARTHUR 8783 VIA TUSCANY DRIVE BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, STEVEN 8942 VIA TUSCANY DR. BOYNTON BEACH, FL. 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, JOEL 8824VIA TUSCANY DR BOYNTON BEACH, FL 33437	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KESSLEN, SHELDON 8812 VIA TUSCANY DR. BOYNTON BEACH, FL. 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCARNA, PAUL 8954 VIA TUSCANY DR. BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCARNA, PAUL 8954 VIA TUSCANY DR. BOYNTON BEACH, FL. 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TANCREDI, JOSEPH 8837 TUSCANY DRIVE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TANCREDI, JOSEPH 8837 TUSCANY DRIVE BOYNTON BEACH, FL. 33437	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: X _____ 2-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #