

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007396

FILED
Feb 17, 2010
Secretary of State

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

Current Principal Place of Business:

C/O MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0984573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A.
1900 N COMMERCE PKWY
WESTON, FL 33326 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: TD
Name: TANCREDI, JOSEPH
Address: 8837 VIA TUSCANY DR.
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP
Name: HART, STEVEN
Address: 8942 VIA TUSCANY DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: PD
Name: KESSLEN, SHELDON
Address: 8812 VIA TUSCANY DR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S
Name: HERMAN, EILEEN
Address: 8970 VIA TUSCANY
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VPD
Name: SCARNA, PAUL
Address: 8954 VIA TUSCANY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

I hereby 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 all other like empowered.

SIGNATURE: CHARLES MCCHESENEY

LCAM

02/17/2010

Electronic Signature of Signing Officer or Director

Date