

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000006198

1. Entity Name

THREE PALMS ASSOCIATES, INC.



Principal Place of Business

C/O ROBERT BRODY ESQ.  
1601 FORUM PLACE  
WEST PALM BEACH, FL 33401 US

Mailing Address

C/O ROBERT BRODY ESQ.  
1601 FORUM PLACE  
WEST PALM BEACH, FL 33401 US



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0377208

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRODY, ROBERT  
1601 FORUM PLACE  
CENTURION TOWER  
WEST PALM BCH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
FROMER, ROBERT L  
227 DOCK LANE  
KINGS POINT, N

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVST  
FROMER, ANN R  
227 DOCK LANE  
KINGS POINT, N

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
FROMER, TONY  
5 POND RD  
KINGS POINT, NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000117683  
04/19/04-80028-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #