

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90040 040 ***150.00

DOCUMENT # P92000006198

1. Entity Name
THREE PALMS ASSOCIATES, INC.



Principal Place of Business
**2141 ALTERNATE A-1-A SO.
SUITE 330
JUPITER, FL 33477 US**

Mailing Address
**2141 ALTERNATE A-1-A SO.
SUITE 330
JUPITER, FL 33477 US**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0377208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRODY, ROBERT
1601 FORUM PL
SUITE 101
WEST PALM BEACH, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FROMER, ROBERT L
STREET ADDRESS	227 DOCK LANE
CITY-ST-ZIP	KINGS POINT, N
TITLE	DVST
NAME	FROMER, ANN R
STREET ADDRESS	227 DOCK LANE
CITY-ST-ZIP	KINGS POINT, N
TITLE	DV
NAME	FROMER, TONY
STREET ADDRESS	5 POND RD 18 SHORE DRIVE
CITY-ST-ZIP	KINGS POINT, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

Robert Fromer
1/29/2008 561-575-4771