

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N05119

**Entity Name:** THE PALM CLUB WEST VILLAGE I CONDOMINIUM  
ASSOCIATION, INC.

**Current Principal Place of Business:**

4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 59-2534805

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEA BREEZE CMS. INC  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

*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:** BEVERLEY JAMASON

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name DEDRICK, ROBERT  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT, DIRECTOR  
Name LANDERMAN, NORMAN  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name BURKHART, MANDY  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY, DIRECTOR  
Name TRUMAN, MARGE  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TREASURER, DIRECTOR  
Name GORFIDO, JEFFREY  
Address 4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** NORMAN LANDERMAN

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date