

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000712

Entity Name: PALM ISLES WEST ASSOCIATION, INC.**Current Principal Place of Business:**9851 CRESCENT VIEW DRIVE S
BOYNTON BEACH, FL 33437**Current Mailing Address:**9851 CRESCENT VIEW DRIVE S
BOYNTON BEACH, FL 33437 US**FEI Number:** 65-0615764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANGENTHAL, HOWARD
9587 ARBOR VIEW DRIVE N.
BOYNTON BEACH, FL 33437 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:** HOWARD LANGENTHAL

04/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	MYLAN, DON
Address	ARBORVIEW DR N
City-State-Zip:	BOYNTON BEACH FL 33437

Title	SD
Name	ROSEN, EDWARD
Address	4519 CRESCENTVIEW DRIVE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	PD
Name	LANGENTHAL, HOWARD
Address	9587 ARBOR VIEW DRIVE NORTH
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D, VP
Name	KAPLAN, CLINTON
Address	9871 CRESCENT VIEW DR. S
City-State-Zip:	BOYNTON BEACH FL 33437

Title	T, DIRECTOR
Name	KARCINELL, BERNARD
Address	9755 ARBOR VIEW DR. SOUTH
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	MARGOLIS, MARVIN
Address	9528 CRESCENT VEW DR N
City-State-Zip:	BOYNTON BEACH FL 33437

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: BERNARD KARCINELL**TREASURER**

04/29/2018

Electronic Signature of Signing Officer/Director Detail

Date