

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004163

**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**7607975021CC**

**Entity Name:** PALM POINTE/PALM ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PALM POINTE - PALM ISLES HOA INC.  
P.O. BOX 842  
PALM CITY, FL 34991

**Current Mailing Address:**

PALM POINTE - PALM ISLES HOA INC.  
P.O. BOX 842  
PALM CITY, FL 34991 US

**FEI Number:** 65-0645600

**Certificate of Status Desired:** No

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

ENSOR, JACOB ESQ.  
ROSS EARLE BONAN & ENSOR, PA  
789 SW FEDERAL HWY SUITE 101  
STUART, FL 34994 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:** JACOB ENSOR

02/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TRAFICANTE, KAYE  
Address        PALM POINTE - PALM ISLES HOA INC.  
                  P.O. BOX 842  
City-State-Zip: PALM CITY FL 34991

Title            SECRETARY  
Name            POWELL, CHRISTINA  
Address        PALM POINTE - PALM ISLES HOA INC.  
                  P.O. BOX 842  
City-State-Zip: PALM CITY FL 34991

Title            TREASURER  
Name            DESTAFANIS, MICHAEL  
Address        PALM POINTE - PALM ISLES HOA INC.  
                  P.O. BOX 842  
City-State-Zip: PALM CITY FL 34991

Title            VICE PRESIDENT  
Name            HODAPP, JONATHAN  
Address        PALM POINTE - PALM ISLES HOA INC.  
                  P.O. BOX 842  
City-State-Zip: PALM CITY FL 34991

Title            DIRECTOR  
Name            FEIERTAG, KEN  
Address        PALM POINTE - PALM ISLES HOA INC.  
                  P.O. BOX 842  
City-State-Zip: PALM CITY FL 34991

*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:** KAYE TRAFICANTE

PRESIDENT

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date