

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 242513
1. Corporation Name
Palm Worth, Inc.

Principal Place of Business	Mailing Address
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3. Date Incorporated or Qualified
12/01/1960

4. FEI Number
59-1005463

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21. Assoc. Prop. Mgmt	26. Assoc. Prop. Mgmt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. 400 S. Dixie Hwy, #10	27. 400 S. Dixie Hwy, #10
City & State	City & State
23. Lake Worth, FL	28. Lake Worth, FL
Zip	Country
24. 33460	25. USA
29. 33460	30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	Associated Property Management
82. Street Address (P.O. Box Number is Not Acceptable)	400 South Dixie Highway, #10
83. City	Lake Worth
84. State	FL
85. Zip Code	33460

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **2/20/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	C. Warren Koehl, Jr. MD.	
STREET ADDRESS	2850 South Ocean Blvd, #407	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Cass, Bernard	
STREET ADDRESS	2850 South Ocean Blvd, #312	
CITY-ST-ZIP	P.B., FL 33480	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Sullivan, Diana	
STREET ADDRESS	2850 S. Ocean Blvd, #212	
CITY-ST-ZIP	P.B., FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	King, William	
STREET ADDRESS	2850 S. Ocean Blvd, #502	
CITY-ST-ZIP	P.B., FL 33480	
TITLE	ID	<input type="checkbox"/> DELETE
NAME	McKinney, John	
STREET ADDRESS	2850 S. Ocean Blvd, #204	
CITY-ST-ZIP	P.B., FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DeFrancesco, Mary	
STREET ADDRESS	2850 S. Ocean Blvd, #103	
CITY-ST-ZIP	Palm Beach, FL 33480	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	800002444248
3.3 STREET ADDRESS	-03/02/98--01053--021
3.4 CITY-ST-ZIP	***61.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Pfeiffer, Charles
4.3 STREET ADDRESS	2850 S. Ocean Blvd, #414
4.4 CITY-ST-ZIP	Palm Beach, FL 33480
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Heimlich, Richard
5.3 STREET ADDRESS	2850 South Ocean Blvd, #305
5.4 CITY-ST-ZIP	Palm Beach, FL 33480
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Kranenberg, Donald
6.3 STREET ADDRESS	2850 S. Ocean Blvd, #214
6.4 CITY-ST-ZIP	P.B., FL 33480

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **C. Warren Koehl Jr. MD.** **2/13/98** **561-588-8924**

CR2E037 (10/97)