

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90159 030 \*\*\*150.00

**DOCUMENT # 242513**

1. Entity Name

**PALM WORTH INC**

Principal Place of Business

Mailing Address

ASSOC. PROP. MGMT.  
 400 S. DIXIE HWY. #10  
 LAKE WORTH FL 33460

ASSOC. PROP. MGMT.  
 400 S. DIXIE HWY. #10  
 LAKE WORTH FL 33460-4455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1005463**

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

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT OF THE  
 400 S. DIXIE HWY, SUITE 10  
 LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KRANENBERG, DONALD	
STREET ADDRESS	2850 SO OCEAN BLVD #312	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KING, WILLIAM	
STREET ADDRESS	2850 S. OCEAN BLVD., #502	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOEHLE, WARREN JR MD	
STREET ADDRESS	2850 S. OCEAN BLVD. #407	
CITY-ST-ZIP	PALM BCH. FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, DIANA	
STREET ADDRESS	2850 S. OCEAN BLVD. #212	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	BP	<input type="checkbox"/> Delete
NAME	PFEIFFER, CHARLES	
STREET ADDRESS	2850 S. OCEAN BLVD. #414	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEIMLICH, RICHARD	
STREET ADDRESS	2850 SO OCEAN BLVD #305	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cairns, Mary Lane	
STREET ADDRESS	2850 So. Ocean Blvd, #408	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McKinney, John	
STREET ADDRESS	2850 So. Ocean Blvd, #204	
CITY-ST-ZIP	Palm Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerwig, David	
STREET ADDRESS	2850 So. Ocean Blvd, #204	
CITY-ST-ZIP	Palm Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Pfeiffer	
STREET ADDRESS	2850 S. OCEAN BLVD - #414	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD HEIMLICH	
STREET ADDRESS	2850 So OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL. 33480	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Signature of William A. ...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)