

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **389858**

1. Corporation Name

PERLAND REALTY ASSOCIATES, INC.

Principal Place of Business
**1901 Village Blvd.
West Palm Beach, FL 33409**

Mailing Address
**73 Mt. Wayte Ave.
Framingham, MA 01702**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**Getz, Thomas A.
5488 Pennock Point Road
Jupiter, FL 33458**

3. Date Incorporated or Qualified
10/15/1971

3a. Date of Last Report
3/13/95

4. FEI Number
59-1366992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of principal place of business of registered agent (if not a natural person)

Signature of Registered Agent (signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **Pres./Dir.**
STREET ADDRESS **Thomas A. Getz**
CITY-STATE-ZIP **1901 Village Blvd.**
West Palm Beach, FL 33409

TITLE ☐ DELETE
NAME **CEO/Dir.**
STREET ADDRESS **John H. Schwarz**
CITY-STATE-ZIP **73 Mt. Wayte Ave.**
Framingham, MA 01701

TITLE ☐ DELETE
NAME **Secy.**
STREET ADDRESS **Walter K. McDonough**
CITY-STATE-ZIP **73 Mt. Wayte Ave.**
Framingham, MA 01701

TITLE ☐ DELETE
NAME **Treas.**
STREET ADDRESS **Barry R. Blake**
CITY-STATE-ZIP **73 Mt. Wayte Ave.**
Framingham, MA 01701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

900001848489
-06/03/96- 01061--005
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter K. McDonough

4/17/96

DATE

(508) 628-2000

TELEPHONE PREFIX

CR2E034 (12/95)