

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 3-15-96

SECTION OF CORPORATION C

**DOCUMENT # 715737 (3)**

1. Corporation Name

**PALM BEACH REPEATER ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 461  
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 461  
LAKE WORTH FL 33460

3. Date Incorporated or Qualified  
**12/17/1968**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**23-7015142**

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

9. Name and Address of Current Registered Agent

**SCHOECH, JAMES R.  
129 DAYTON ROAD  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name **BERGER, ROBERT L.**

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

**9434 PINTO DRIVE**

83

84 City **LAKE WORTH**

**FL**

85 Zip Code  
**33467**

11. Pursuant to the provisions of Sections 617.0502 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

*Robert L. Berger*

(NOTE: Registered Agent signature required when a trustee is appointed)

**MAR. 11, 1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
NAME **BLUNK, BILL B**  
STREET ADDRESS **284 CAMELLIA ST**  
CITY-ST-ZIP **PALM BEACH GARDEN FL**

TITLE **PD** ☐ DELETE  
NAME **SUMMERELL, KENNETH H**  
STREET ADDRESS **5136 EL CLARO CIR**  
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **TD** ☒ DELETE  
NAME **SCHOECH, JAMES R**  
STREET ADDRESS **129 DAYTON ROAD**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **SD** ☐ DELETE  
NAME **NEWELL, CHARLES**  
STREET ADDRESS **519 N 8TH AVE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME **BRADY, MICHAEL C.**  
1.3 STREET ADDRESS **4620 CARTHAGE CIRCLE NORTH**  
1.4 CITY-ST-ZIP **LAKE WORTH, FL 33463**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☒ Change ☐ Addition  
3.2 NAME **BERGER, ROBERT L.**  
3.3 STREET ADDRESS **9434 PINTO DRIVE**  
3.4 CITY-ST-ZIP **LAKE WORTH, FL 33467**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert L. Berger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT L. BERGER**

**MAR. 11, 1996**

DATE

**407-966-0489**

DAYTIME PHONE #

CR2E037 (12/95)