

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90080 002 ****61.25

DOCUMENT # 717156

1. Corporation Name

LA PALMA CONDOMINIUM APARTMENT ASSOCIATION, INC.

Principal Place of Business

2860 S. OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address

2860 S. OCEAN BLVD.
PALM BEACH FL 33480



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

09/15/1969

4. FEI Number

59-1349343

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

9. Name and Address of Current Registered Agent

STALLONE, MILDRED C.
1834 S.W. 17TH STREET
BOYNTON BEACH FL 33426

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME WERTMAN, GLORIA
STREET ADDRESS 2860 S. OCEAN BLVD
CITY-ST-ZIP PALM BCH FL 33480

TITLE SD ☒ DELETE
NAME MORRIS, JOHN B
STREET ADDRESS 2860 S OCEAN BLVD
CITY-ST-ZIP PALM BCH FL

TITLE VPD ☒ DELETE
NAME GOODMAN, ARLINE
STREET ADDRESS 2860 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE TD ☒ DELETE
NAME HORWICH, DR HARRY
STREET ADDRESS 2860 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

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 PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS HORWICH, HARRY
1.4 CITY-ST-ZIP 2860 S. OCEAN BLVD PALM BEACH FL 33480

2.1 TITLE TD & VPD ☒ Change ☐ Addition
2.2 NAME MORRIS, JOHN B
2.3 STREET ADDRESS 2860 S OCEAN BLVD
2.4 CITY-ST-ZIP PALM BEACH FL 33480

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME EDNA FRIEDLAND
3.3 STREET ADDRESS 2860 S OCEAN BLVD
3.4 CITY-ST-ZIP PALM BEACH FL 33480

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME ADOLFO RIZZO
4.3 STREET ADDRESS 2860 S OCEAN BLVD
4.4 CITY-ST-ZIP PALM BEACH FL 33480

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME BURTON COOK
5.3 STREET ADDRESS 2860 S OCEAN BLVD
5.4 CITY-ST-ZIP PALM BEACH FL 33480

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME SOCRATES CHALOGUE
6.3 STREET ADDRESS 2860 S OCEAN BLVD
6.4 CITY-ST-ZIP PALM BEACH 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, with all other like empowered.

SIGNATURE:

HARRY HORWICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY HORWICH 2/1/99 561-585-9402

Date

Daytime Phone #

CR2E037 (1/98)