FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 719714 (8) 1. Corporation Name					
THE PF	resident of Palm Beau	CH-A CONDOMINIUM,II	NC.		
Principal Place of Business		Mailing Address		(100) IL 1800 LIGIO 1000 1000 LIGIO	0191; 0(0)1 01010 61011 01011 01911 1891
2505 S. OCEAN BLVD. PALM BEACH FL 33480		2505 S. OCEAN BLVD. PALM BEACH FL 33480			
				3. Date Incorporated or Qualified 11/19/1970	3a. Date of Last Report 04/07/1995
Principal Place of Business Total		2a. Mailing Address 26		4. FEI Number 59-1308345	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired [\$8.75 Additional Fee Required
City & State		City & State		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for inter Florida Statutes Name and Address of New Regis	Yes No
	9. Name and Address of Curr	ent Hegistered Agent	81 Name	10. Name and Address of New Negri	stered Agent
THROPE, NORMAN H. 2505 SOUTH OCEAN BLVD. PALM BEACH FL 33480			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
or register	to the provisions of Sections 617.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	orida. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the purpos rd of directors. I hereby accept the appointr	e of changing its registered office ment as registered agent. I am
SIGNATURE					DATE
12.			DTE: Registered Agent's gnature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition
► NAME	THROPE, NORMAN H.		1.2 NAME		
STREET ADDRESS	2505 S OCEAN BLVD		1.3 STREET ADDRESS		
CITY - ST - ZIP	PALM BCH FL	- Constant	1.4 C(TY - ST - ZIP		☐ Change ☐ Addition
TITLE	V PATHDEDA OID	DELETE	2 1 TITLE		Change C Addition
NAME	ROTHBERG, SID 2505 S OCEAN BLVD		2.2 NAME		
STREET ADDRESS	PALM BCH FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	SIO	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOVOK, RUTH		32 NAME	***	
STREET ADDRESS	2505 S OCEAN BLVD		3 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3 4. CHY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JUDAR, OSWALD		4. 2 NAME		
STREET ADDRESS	2505 S OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL		4.4 CITY - ST - ZIP		Character C Addition
TITLE	-DAS-	DELETE	5.1 TITLE	10000177	Change Addition
NAME	ARONS, BARBARA F:		5.2 NAME	-04/11/9601103	30\$2
STREET ADDRESS	-2505 S OCEAN BLVD		5 3 STREE FADDRESS	***61.25	
CITY-ST-ZIP	T/D	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE NAME	RONGAUS, LEON	Постен	62 NAME		_ ,
NAME STREET ADDRESS	2505 S OCEAN BLVD		6.3 STREET ADDRESS		
CITY-ST-ZI2	PALM BEACH FL		64 CITY+ST+ZIP		4-11-96 JR
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does no certify that the information indicated on this annual report or supplemental annual report is true a				for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further
certify tha	it the information indicated on this ai	nnuai rep ort or supplemental ani	nual report is true and accur-	are and that my signature shall have the sar	ne legal effect as it made under

certify that the information indicated on this annual people or supplemental annual report is true and accurate and that my signature shall have the same legal entered to each; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; appears in Block 12 or Block 13 if changed, or ord an attrachment with an address.

| GNATURE: | SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylor

SIGNATURE:

Daytime Phone #

CR2E037 (12/95)