FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

FILED Feb 13 1998 8:00am Secretary of State

	ON CONDOMINIUM ASSOCI					
-	ce of Business	Mailing Address				
10330 N MILITARY TRAIL PALM BEACH GARDENS FL 33410		10330 N MILITARY TRAIL Palm Beach Gardens FL 33410		3. Date Incorporated or Qualified 10/28/1971		
					4. FEI Number NOT APPLICABLE	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21 Same as above		26 Same as above		5. Certificate of Status Desired	Fee Required	
Suite, Apt N, etc		Suile, Apt. #, etc 27 4/3		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
22 4/3 City & State		City & State		7. Is this nonprofit corporation a homeowner		
23 Same as above Country 24 33410 25 Jalm Boh		28 Same as above		Yes No		
Zip	Country	Ζφ	Countr	У	8. This corporation owes or has paid the cu	irrent year Intengible
24 334	10 25 Jam /Sch	29 33 410	30 /3/	m Bch		Yes No
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent /
SCHEFFEL, WARREN C.						
	IORTH MILITARY TR		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
PALM BEACH GDNS FL 33410			83	3		
			84	City		85 Zip Code
				'	FI	_ ' '
11. Pursuant office or	to the provisions of Sections 617.0502 registered agent, or both, in the State	and 617.1508, Florida Statu	tes, the above authorized b	ve-named corp ov the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent La	am familiar with, and accept the obliga	tions of, Section 617.0503, Fi	orida Statute	es.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature typed or protect name of registered agus	t and title diagrams able (NO)	Ti Registered Ar	rent sionalura requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	John Signals o rodan	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	EILER, F.		1.2 NAME			
STREET ADDRESS	10000 11 11100 111 111 110			T ADDRESS		
CITY-ST-ZIP			1.4 CITY-			Change Addition
TITLE NAME	- 103/06/14		2 1 TITLE 2 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	PALM BCH GRDNS FL		2 4 CITY		· ·	
TIFLE	+ Vice Presiden	J □ DELFTE	3 1 TITLE			☐ Change ☐ Addition
NAME	SCHEFFEL, W.		32 NAME			
STREET ADDRESS	10330 N MILITARY TRAIL		33 STREE	T ADDRESS		
City-St-ZiP	PALM BCH GRONS FL	DELFTE	3.4. CITY	- ST - ZIP		Change Addition
TITLE NAME	D RUGAN MARY Cample,		4 1 TITLE 4 2 NAME			Change Addition
STREET ADDRESS	10330 N MILITARY TRAIL	LOTHUNG		T ADDRESS		
CITY-SI-ZIF	PALM BCH GRDNS FL		4.4 CITY-	1		
TIFLE	S	DELETE	5 1 TITLE			Change Addition
NAME	DI GEORGIO, RICK		5 2 NAME			
STREET ADDRESS	10330 N MILITARY TRAIL		53 STREE	T ADDRESS		
CITY-ST-ZIP	PALM BCH GRDNS FL		5.4 City-	ST - ZiP		
TITLE	T DUDGE MONATE IN	DELFTE	61 TATLE			Change Addition
NAME CIDEET ADDOLES	BURKE, MICHAEL W		6.2 NAME	1		
STREET ADDRESS CITY-ST-7IP	10330 N MILITARY TRAIL PALM BCH GRDNS FL 33410		6 4 CITY-	T ADDRESS ST-7IP		

6 4 CITY-ST-ZIP 14. Thereby 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 supplimental 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.