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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 720845 (7)**

1. Corporation Name

**NO.1 CONDOMINIUM ASSOCIATION OF PARADISE HARBOUR
OF NORTH PALM BEACH, INC.**

Principal Place of Business

Mailing Address

**100 PARADISE HARBOUR BLVD.
NORTH PALM BCH FL 33408
US****PARADISE HARBOUR CONDO NO. 1
100 PARADISE HARBOUR BLVD
NORTH PALM BCH FL 33408-5022
US**3. Date Incorporated or Qualified
05/03/19713a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REGISTER, EARL
100 PARADISE HARBOUR BLVD
UNIT 201
N PALM BEACH FL 33408**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REGISTER, EARL	
STREET ADDRESS	100 PARADISE HARBOUR BLVD 201	
CITY - ST - ZIP	N PALM BCH FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD CURTH	
1.3 STREET ADDRESS	100 PARADISE HARBOUR BLVD 401	
1.4 CITY - ST - ZIP	N PALM BCH FL.	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERKENFIELD, SANDY	
STREET ADDRESS	100 PARADISE HARBOUR BLVD 409	
CITY - ST - ZIP	N. PALM BCH FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELMER DETTMER	
2.3 STREET ADDRESS	100 PARADISE HARBOUR BLVD. 202	
2.4 CITY - ST - ZIP	N PALM BEACH, FL.	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILHELM, EVELYN	
STREET ADDRESS	100 PARADISE HARBOUR BLVD 403	
CITY - ST - ZIP	N PALM BCH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADY, ELIZABETH	
STREET ADDRESS	3668 HOLLY DRIVE	
CITY - ST - ZIP	POALM BEACH GARDENS FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	PLANKEY, CHARLES	
STREET ADDRESS	100 PARADISE HARBOUR BLVD 103	
CITY - ST - ZIP	N. PALM BCH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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. **EARL REGISTER, PRESIDENT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Deputy Phone # 0010550

CR2E037 (9/96)