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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90004 044 ****61.25

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DOCUMENT # 720845

1. Corporation Name

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

Principal Place of Business

100 PARADISE HARBOUR BLVD.
NORTH PALM BCH FL 33408
US

Mailing Address

PARADISE HARBOUR CONDO NO. 1
100 PARADISE HARBOUR BLVD
NORTH PALM BCH FL 33408
US

142056 - 90004 - 44



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/03/1971

4. FEI Number

54-1357778

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

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

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
NAME REGISTER, EARL
STREET ADDRESS 100 PARADISE HARBOUR BLVD 201
CITY-ST-ZIP N PALM BCH FL

TITLE STD
NAME WILHELM, EVELYN
STREET ADDRESS 100 PARADISE HARBOUR BLVD 403
CITY-ST-ZIP N PALM BCH FL

TITLE VP
NAME BRADY, ELIZABETH
STREET ADDRESS 3668 HOLLY DRIVE
CITY-ST-ZIP POALM BEACH GARDENS FL

TITLE D
NAME PLANKEY, CHARLES
STREET ADDRESS 100 PARADISE HARBOUR BLVD 103
CITY-ST-ZIP N. PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME DETTMER, ELMER
1.3 STREET ADDRESS 100 PARADISE HARBOUR BLVD #202
1.4 CITY-ST-ZIP N PALM BEACH FL 33408

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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: *EARL REGISTER, PRESIDENT* 1/30/99 (561) 848-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)