

**FILED**  
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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 722736

1. Corporation Name  
**PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: 10249 N MILITARY TRAIL, PALM BEACH GARDENS FL 33410  
 Mailing Address: 10249 N MILITARY TRAIL, PALM BEACH GARDENS FL 33410

281262-90670-34



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	02/21/1972
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-1478684
24. Country	29. Country	Applied For
	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
ASHBURN, THOMAS J. 10249 N. MILITARY TRAIL #205 PALM BEACH GARDENS FL 33410		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

81. Name	85. Zip Code
ALAN PIECEWICZ	33418
82. Street Address (P.O. Box Number is Not Acceptable)	
7000 W. PALM BEACH BLVD	
83. City	
JUPITER	

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: *Thomas J. Ashburn* DATE: 3/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	MCKINNEY, KAREN	1.2 NAME	Judy Ashburn
STREET ADDRESS	10193 NORTH MILITARY TRAIL 103	1.3 STREET ADDRESS	10249 N. military Trail 205 N
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	ASHBURN, THOMAS J	2.2 NAME	KAREN MCKINNEY
STREET ADDRESS	10249 NO MILITARY TRL, STE 205	2.3 STREET ADDRESS	10193 N. military TRAIL 103S
CITY-ST-ZIP	PALM BCH GDNS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD
NAME	JUDY ASHBURN	3.2 NAME	Betty Evans
STREET ADDRESS	10249 N MILITARY TRAIL 205	3.3 STREET ADDRESS	10249 N. military TRAIL 204N
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	KATHY READON	4.2 NAME	Virginia McManus
STREET ADDRESS	10249 N MILITARY TRAIL 102	4.3 STREET ADDRESS	10249 N. military Trail 101 N
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	TD
NAME	EVANS, BETTY	5.2 NAME	J. Wayne Bradley
STREET ADDRESS	10249 N MILITARY TRL, #203	5.3 STREET ADDRESS	10193 N. military Trail 104S
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Judy G. Ashburn* **SIGNATURE REQUIRED** DATE: Feb-5-99 DAYTIME PHONE #: 775-2545

CR2E037 (11/98)