

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723447 (9)

1. Corporation Name

PALM BEACH VILLAS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

4201 SOUTH OCEAN BLVD.
SOUTH PALM BEACH FL 33480

4201 SOUTH OCEAN BLVD.
SOUTH PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1972

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1576194

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S 190.022,
Florida Statutes

☐ Yes ☐ No

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

JAY STEVEN LEVINE, ESQ.
3300 PGA BLVD., STE 500
LEVINE, FRANK & EDGAR, PA
PALM BCH GARDENS FL 33410

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	GRAHAM, ELIZABETH
STREET ADDRESS	4201 S OCEAN BLVD
CITY ST ZIP	S PALM BEACH, FL 00000
TITLE	VD
NAME	WASSON, CARL
STREET ADDRESS	4201 S OCEAN BLVD
CITY ST ZIP	S PALM BEACH, FL 00000
TITLE	PD
NAME	EVRS, HOWARD W
STREET ADDRESS	4201 S OCEAN BLVD
CITY ST ZIP	S PALM BCH, FL 00000
TITLE	D
NAME	CLARKE, HELEN
STREET ADDRESS	4201 S OCEAN BLVD
CITY ST ZIP	S PALM BEACH, FL 00000
TITLE	TD
NAME	BELL, ETHEL
STREET ADDRESS	4201 S OCEAN BLVD
CITY ST ZIP	S PALM BEACH, FL 00000
TITLE	D
NAME	MORBIT, PATRICK J.
STREET ADDRESS	4201 S OCEAN BLVD
CITY ST ZIP	S PALM BCH, FL 00000

11 TITLE	SD	☒ Change ☐ Addition
12 NAME	Josephine Boerger	
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME	Omit this name	
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	PD	☒ Change ☐ Addition
32 NAME	Harry Boerger	
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	TD	☒ Change ☐ Addition
52 NAME	Margaret Jacobsen	
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	VD	☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Debra Moore for Pat Morbit Debra Moore for Pat Morbit 4/28 (407) 641 2674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiry Period