1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 723547

1. Corporation Name

## PALM TOWNHOUSE CONDOMINIUM, INC.

Principal Place of Business 2200 MONROE ST. HOLLYWOOD FL 33020-2357

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2200 MONROE ST. HOLLYWOOD FL 33020-2357

## FILED May 10, 1999 8:00 am g Secretary of State

05-10-1999 90176 019 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21		26		05/31/1912	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	4. FEI Number	Applied For
22		27		59-6528068	Not Applicable
City & Stat	e	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28	·		Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent	81 Name 2	10. Name and Address of New Registere	d Agent
			81 Name	ATRICK RUSSEI	1, Esq.
KAYE & ROGER, P.A.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	e 1
1500 W. CYPRESS CREEK ROAD			201	I'W Flagler 3	7/.
SUITE 207			83		
FT. LAUDERDALE FL 33309			84 City	mi F	85 Zip Code 3 0
CO. 11 OLZ OFOD and CAZ 1500 Florido Chandra C				austion submits this statement for the number	of changing its registered
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 familiarly inth and accept the obliqations of, Section 617.0503 Florida Statutes.					
agent. I am familiar) viith and secept the obliqations of, Section 617.0503 florida State(s)					
SIGNATURE Signature, buefor or projected agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
Signature, beed of #firited name of registered agent and title if applicable. (NOTE: Registered A  12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	12	<u>^</u>	Change Addition
ı	CATALAN, RUDY	<b>7</b>		iANE COPELAND	
NAME	2200 MONROE ST #23		1.3 STREET ADDRESS 2	200 MONROE St. #3	3
STREET ADDRESS	HOLLYWOOD FL 33020				•
CITY-ST-ZIP TITLE	VPD	DELETE	2.1 TITLE <b>U</b>	Prilyn G. Bocenda 200 Monroe St #	Change ddition
	DILLON, JOHN	<i>P</i>	2.2 NAME	Deilyn G. BocendA	
NAME	2200 MONROE ST #3 -		2.3 STREET ADDRESS	TO MONROE ST #0	ريدريدي.
STREET ADDRESS	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	TOO MORROS S.	
CITY-ST-ZIP TITLE	SD SD	□ DELETE	3.1 TITLE 0	Rector	Change
NAME	PINCUS, RUTH	<b>_</b>	3.2 NAME	· ·	,-
	2200 MONROE ST #34		3.3 STREET ADDRESS		
STREET ADDRESS	HOLLYWOOD FL 33020		3.4 CITY-ST-7IP		
CITY-ST-ZIP	TD	DELETE	4.1 TITLE 5	D	Change Addition
NAME	MIELE, MARY	7	4.2 NAME	AROI MATUS 200 MONROE ST #11.	<b>o</b> ^` ′
STREET ADDRESS	2200 MONROE ST #10		4.3 STREET ADDRESS 2	200 MONROEST AV.	
CITY-ST-ZIP	HOLLYWOOD FL 33020				
TITLE	D	15 DELETE	5.1 TITLE	0 11	☐ Change Addition
NAME	VARGAS, NELSIE	/	5.2 NAME	2455el Hennie 200 Monroe St. 2	+1
STREET ADDRESS	2200 MONROE ST #23		5.3 STREET ADDRESS	200 MONROE ST. I	4 1
CITY-ST-ZIP	HOLLYWOOD FL 33020		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY OT 71D			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:

AND RECIVE TREASURER AND OFFICER OF DIRECTOR

5/1/99 350.75 49 Date Daytime Phone # CR2E037 (11/98)