


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV -6 PM 2:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **735985** (4)

1. Corporation Name
PALM VILLAS CONDOMINIUM APARTMENTS, INC.



REINSTATEMENT

Principal Place of Business Mailing Address

Changed 8/1/96

ASSOCIATION TRANSITION, INC.
 346 S. E. 5TH AVE.
 DELRAY BEACH, FL 33488
 US

PO BOX 1453
 DELRAY BEACH FL 33447-1453
 US

3. Date Incorporated or Qualified **06/02/1976** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 **1020 Homewood Blvd** 26 *Same*

22 **K104** 27 *Same*

23 **Delray Beach, Fla** 28 *Same*

24 **33445** 25 **P.B.** 29 *Same* 30 *Same*

4. FEI Number **59-1738198** 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ATI MANAGEMENT
ASSOCIATION TRANSITION, INC.
346 S. E. 5TH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name **MARSY DeLongy, Sec/Treas.**

82 Street Address (P.O. Box Number is Not Acceptable) **1020 Homewood Blvd**

83 **# K104**

84 City **Delray Beach** FL 85 Zip Code **33445**

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 **Marsy K. DeLongy Secretary/Treasurer 9/29/97**

(NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | JACOBSON, RONALD | |
| STREET ADDRESS | 1040 HOMEWOOD BLVD, UNIT L-202 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PEREZ, GUS | |
| STREET ADDRESS | 1220 HOMEWOOD BLVD. #B-201 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | DELONGY, MARSY | |
| STREET ADDRESS | 1020 HOMEWOOD BLVD. K-104 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SHORT, ED | |
| STREET ADDRESS | 1080 HOMEWOOD BLVD. J-102 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | TONY, JAN | |
| STREET ADDRESS | 1040 HOMEWOOD BLVD #L-101 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | | <input checked="" type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--------------------------|---------------------|--|
| 1.1 TITLE | PD | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Bill Monroe | | |
| 1.3 STREET ADDRESS | 1130 Homewood Blvd #F201 | | |
| 1.4 CITY-ST-ZIP | Delray Beach, Fla. 33445 | | |
| 2.1 TITLE | D | Co-President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | William Armitage | | |
| 2.3 STREET ADDRESS | 1150 Homewood Blvd #E101 | | |
| 2.4 CITY-ST-ZIP | Delray Beach, Fla. 33445 | | |
| 3.1 TITLE | D | SECRETARY-Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Marsy K. DeLongy | | |
| 3.3 STREET ADDRESS | 1020 Homewood Blvd #K104 | | |
| 3.4 CITY-ST-ZIP | Delray Beach, Fla | | |
| 4.1 TITLE | VD | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Daniel Nowak | | |
| 4.3 STREET ADDRESS | 1210 Homewood Blvd #C102 | | |
| 4.4 CITY-ST-ZIP | Delray Beach, Fla. 33445 | | |
| 5.1 TITLE | D | Christopher Clarke | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | 1150 Homewood Blvd #E102 | | |
| 5.4 CITY-ST-ZIP | Delray Beach, Fla 33445 | | |
| 6.1 TITLE | D | Chris Palozola | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | 1150 Homewood Blvd #E201 | | |
| 6.4 CITY-ST-ZIP | Delray Beach, Fla. 33445 | | |

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 understand 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 or changed, or on an attachment with an address.

SIGNATURE: **DANIEL NOWAK Sec. TRAS. 9/29/97 265-0040**

CR2E037 (4/97)