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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735985 (4)

1. Corporation Name
PALM VILLAS CONDOMINIUM APARTMENTS, INC.



Principal Place of Business 1020 HOMEWOOD BLVD. K104 DELRAY BEACH FL 33445 US	Mailing Address PO BOX 1453 DELRAY BEACH FL 33447-1453 US
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3. Date Incorporated or Qualified 06/02/1976	4. FEI Number 59-1738198	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 1020 Homewood Blvd Suite, Apt. #, etc. 22 K201 City & State 23 Delray Beach, FL Zip Country 24 33445 25 Palm Bch 29 30	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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5. Certificate of Status Desired <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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DELONGY, MARSY
1020 HOMEWOOD BLVD.
K104
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name Ruth Martin
82 Street Address (P.O. Box Number is Not Acceptable) K201
83 1020 Homewood Blvd
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 Ruth Martin (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONROY, BILL 1130 HOMEWOOD BLVD. #F201 DELRAY BEACH FL 33445 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ARMITAGE, WILLIAM 1150 HOMEWOOD BLVD. #E101 DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELONGY, MARSY K 1020 HOMEWOOD BLVD. #K104 DELRAY BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOWAK, DANIEL 1210 HOMEWOOD BLVD. #C102 DELRAY BEACH FL 33445 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, CHRISTOPHER 1150 HOMEWOOD BLVD. #E102 DELRAY BEACH FL 33445 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOZOLLA, CHRIS 1150 HOMEWOOD BLVD. #201 DELRAY BEACH FL 33445 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SD Eleanor Schneider L104 1040 Homewood Blvd Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD Ruth Martin K201 1020 Homewood Blvd Delray Beach, FL 33445 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Ruth Martin 2/17/98 511-277-7812

CF2E037 (10/97)