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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 # 735985

1. Corporation Name

PALM VILLAS CONDOMINIUM APARTMENTS, INC.

Principal Place of Business

1020 HOMEWOOD BLVD
 K201
 DELRAY BEACH FL 33445
 US

Mailing Address

PO BOX 1453
 DELRAY BEACH FL 33447-1453
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/02/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1738198	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

MARTIN, RUTH
 K201
 1020 HOMEWOOD BLVD
 DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCNEIDER, ELEANOR	1.2 NAME	W.C. Coggins
STREET ADDRESS	1040 HOMEWOOD BLVD LL104	1.3 STREET ADDRESS	1040 Homewood Blvd.
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RUTH	2.2 NAME	
STREET ADDRESS	1020 HOMEWOOD BLVD K201	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWAK, DANIEL	3.2 NAME	
STREET ADDRESS	1210 HOMEWOOD BLVD. #C102	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CHRISTOPHER	4.2 NAME	CLARKE, Christopher
STREET ADDRESS	1150 HOMEWOOD BLVD. #E102	4.3 STREET ADDRESS	1150 Homewood Blvd #E102
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZOLLA, CHRIS	5.2 NAME	
STREET ADDRESS	1150 HOMEWOOD BLVD. #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ruth Martin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/14/99 Daytime Phone #: 561-272-7860

CR2E037 (11/98)