


5-6-98 B-6651 - C
FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # 736615 (6)
 1. Corporation Name
THE CITIZENS' ASSOCIATION OF PALM BEACH, INC.



Principal Place of Business 2875 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480	Mailing Address 2875 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480
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3. Date Incorporated or Qualified 08/18/1976		
4. FEI Number 59-1930968	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 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
**SCHORR, MAX
 250 ROYALS PALM WAY
 PALM BEACH FL 33480**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE GD	<input checked="" type="checkbox"/> DELETE
NAME FRANK RODNEY	
STREET ADDRESS 5178 S OCEAN BLVD	
CITY-ST-ZIP PALM BEACH FL	
TITLE GD	<input type="checkbox"/> DELETE
NAME CURRAN, EILEEN	
STREET ADDRESS 3170 SOUTH OCEAN BLVD.	
CITY-ST-ZIP PALM BEACH FL	
TITLE GD	<input type="checkbox"/> DELETE
NAME SCHORR, MAX	
STREET ADDRESS 2778 S OCEAN BLVD	
CITY-ST-ZIP PALM BCH, FL 00000	
TITLE CD	<input type="checkbox"/> DELETE
NAME LEVENSON, ALBERT	
STREET ADDRESS 3450 SOUTH OCEAN BLVD.	
CITY-ST-ZIP PALM BEACH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME KING, WILLIAM	
STREET ADDRESS 2850 S OCEAN BLVD	
CITY-ST-ZIP PALM BCH, FL 00000	
TITLE CD	<input type="checkbox"/> DELETE
NAME SILKEN, STANLEY	
STREET ADDRESS 2778 S OCEAN BLVD	
CITY-ST-ZIP PALM BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Stanley E. Silken **STANLEY E. SILKEN** 4/24/98 5615889989

CP2E037 (10/97)