

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747698** (9)

1. Corporation Name
THE EVERGLADES OF NORTH PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **372 GOLFVIEW RD. N PALM BCH. FL 33408**
Mailing Address: **P.O. BOX 14296 N. PALM BCH. FL 33408**

3. Date Incorporated or Qualified: **06/18/1979**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address
26. **Bristol Mgmt Svc.**
27. **103 S. US 1, F5-135**
28. **Jupiter, FL**
29. **33477**
30. **USA**

4. FEI Number: **59-1980686**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DICKINSON MANAGEMENT
400 TONEY PENNA DR
JUPITER FL 33458**

10. Name and Address of New Registered Agent
81. Name: **Steve Inglis**
82. Street Address (P.O. Box Number is Not Acceptable): **103 S. US 1, F5-135**
83. City: **Jupiter**
84. Zip Code: **FL 33477**

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: *Steve Inglis* DATE: **3/8/96**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHISLER, RUTH	
STREET ADDRESS	374 GOLFVIEW RD #306C	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHISLER, RUTH	
STREET ADDRESS	374 GOLFVIEW RD. #306C	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIERCKS, ROBERT H.	
STREET ADDRESS	374 GOLFVIEW RD #304C	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ECKHART, MAJORIE	
STREET ADDRESS	374 GOLFVIEW RD #405C	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAUST, LEONARD	
STREET ADDRESS	364 GOLFVIEW #508A	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, RAY	
STREET ADDRESS	364 GOLFVIEW RD. #305A	
CITY-ST-ZIP	N. PALM BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Frank H. Yurasko	
13 STREET ADDRESS	372 Golfview Rd., #502-C	
14 CITY-ST-ZIP	N. Palm Bch, FL 33408	
21 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jamie Pereira	
23 STREET ADDRESS	364 Golfview Rd., #404-A	
24 CITY-ST-ZIP	N. Palm Bch, FL 33408	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Grace Pallone	
33 STREET ADDRESS	374 Golfview Rd., #504-C	
34 CITY-ST-ZIP	N. Palm Bch, FL 33408	
41 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Albert G. Welter	
43 STREET ADDRESS	374 Golfview Rd., #206-C	
44 CITY-ST-ZIP	N. Palm Bch, FL 33408	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Robert Hayes	
53 STREET ADDRESS	364 Golfview Rd., #301-A	
54 CITY-ST-ZIP	N. Palm Bch, FL 33408	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Rae G. Hayes	
63 STREET ADDRESS	374 Golfview Rd., #204-C	
64 CITY-ST-ZIP	N. Palm Bch, FL 33408	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Albert G. Welter* DATE: **3/12/96** (407) 626-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ALBERT G. WELTER, TREASURER**

CR2E037 (12/95)