


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O BRISTOL MANAGEMENT SERVICE 103 S US 1. F5-135 JUPITER FL 33477 US
---	---

3. Date Incorporated or Qualified
06/18/1979

4. FEI Number
59-1980686

Applied For	
Not Applicable	<input checked="" 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 **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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

**INGLIS, STEVE
C/O BRISTOL MANAGEMENT SERVICES INC
103 S US 1 F5-135
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YURASKO, FRANK H.	
STREET ADDRESS	372 GOLFVIEW ROAD #502C	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEREIA, JAME	
STREET ADDRESS	364 GOLFVIEW ROAD #404A	
CITY-ST-ZIP	N. PALM BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PALLONE, GRACE	
STREET ADDRESS	374 GOLFVIEW ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELTER, ALBERT G.	
STREET ADDRESS	374 GOLFVIEW ROAD #208C	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, ROBERT	
STREET ADDRESS	364 GOLFVIEW ROAD #301A	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, RAE	
STREET ADDRESS	374 GOLFVIEW ROAD #204C	
CITY-ST-ZIP	N. PALM BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEREIRA, Betty	
1.3 STREET ADDRESS	372 GOLFVIEW RD. # 505C	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Guest, George	
2.3 STREET ADDRESS	364 Golfview Rd, # 405-A	
2.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Welter, Albert G.	
4.3 STREET ADDRESS	374 Golfview Rd # 206C	
4.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
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: *Grace Pallone*

CR2037 (10/97)