## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

762163

(4)

THE TRAILS AT ROYAL PALM BEACH, INC.

,							
Principal Place	e of Business	Mailing Address	Mailing Address			O IIJI BIBII BIBII BIBII BIBII BIBII BIBII IBBI	
G.R.S. MANAGEMENT ASSOCIATES, INC. 3000 WOODLAKE BLVD SUITE 201 LAKE WORTH FL 33463		G.R.S. MANAGEMENT ASSOCIATES, INC. 3000 WOODLAKE BLVD., SUITE 201 LAKE WORTH FL 33463		Date Incorporated or Qualified	3a. Date of Last Report		
					04/15/1982	04/29/1996	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number 59-2191632	Applied For	
Evito Ant # ata		Suite, Apt. #, etc.		39 2 13 100E	Not Applicable		
Suite, Apt. #, etc.		<del></del>	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible tax under s. 199.032, ☐ Yes ☐ No	
24	25  9. Name and Address of Curren	29	[30]		Florida Statutes  10. Name and Address of New Re		
	9. Name and Address of Conten	it negistered Agent	81 Name	IV. Name and Address of New No	Sgistered Agent		
LADWIG, PATTI H.					Idea (DO Da Alasta is Not Associable)		
1645 PALM BEACH LAKES BLVD.					lress (P.O. Box Number is Not Acceptal	ole)	
SUITE 1				83			
WEST F	PALM BEACH FL 33401			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508, Florida S	Statutes, the ab	ove-named cor	poration submits this statement for the p	ourpose 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							
	Signature, typed or printed name of registered age OFFICERS ANI			Agent signature requ	ired when reinstating)	DATE	
12.	PD OFFICERS AIN	D DELETI	13. E 1,1 Till	IE I	ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	ARNDT, BERTHA	DELEN	1.2 NA			E bridings E Modifier	
STREET ADDRESS	409 LAKEVIEW DR. EAST			HEET ADDRESS			
•	RPB FL			1			
CITY-ST-ZIP TITLE	VD	DELET		Y-ST-7IP		Change Addition	
NAME	BREITWEISER, SHIRLEY		22 NA	1		Las orienge	
STREET ADDRESS	1505 LAKEVIEW DR. EAST			REET ADDRESS		·	
CITY-ST-ZIP	RPB FL			IY-SI-ZIP			
TITLE	7	DELET			· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	PALLOR, JEANETTE		3.2 NA				
STREET ADDRESS	2401 LAKEVIEW CIRCLE			REET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL 334	<b>411</b>		TY-ST-7IP			
TITLE	SD	☐ DELETI		· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME	WALDMAN, GARY		4. 2 N	AME		-	
STREET ADDRESS	1402 LAKEVIEW DRIVE EAST	Ī	4.3 ST	REET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL 334			Y-ST-ZIP			
TITLE	D	DELETI				Change Addition	
NAME	PALLOR, JEANETTE		5.2 NA	ME			
STREET ADDRESS	2408 LAKEVIEW CIRCLE		5.3 ST	REET ADDRESS			
CITY - ST - ZIP	ROYAL PALM BEACH FL			Y · S1 - ZIP		<b>\</b>	
TITLE	D	DELET			<u> </u>	☐ Change ☐ Addition	
NAME	SIEGEL, LESLIE		6.2 NA			-	
STREET ADDRESS	1815 PRIMROSE LANE			REET ADDRESS		i	
CITY-ST-ZIP	WELLINGTON FL 33414			Y - ST - ZIP			

14. I do 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.

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**FILED** 

Jan 30 1997 8:00am

Secretary of State

1/10/00