

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moirham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **762163** (4)
1. Corporation Name
THE TRAILS AT ROYAL PALM BEACH, INC.



Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. 3000 WOODLAKE BLVD., SUITE 201 LAKE WORTH FL 33462	Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3000 WOODLAKE BLVD., SUITE 201 LAKE WORTH FL 33462
---	---

3. Date incorporated or Qualified
04/15/1982

4. FEI Number
59-2191632

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21 6 A.M. Resources	2a. Mailing Address 26 6 AM Resources
Suite, Apt. #, etc. 22 S. Chillingworth Dr	Suite, Apt. #, etc. 27 P.O. Box 7184
City & State 23 West Palm Beach, FL	City & State 28 W.P.B., FL
Zip 24 33409	Country 25 Palm Beach
Zip 29 33405	Country 30 Palm Beach

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's intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LADWIG, PATTI H.
1645 PALM BEACH LAKES BLVD.
SUITE 1010
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARNDT, BERTHA	
STREET ADDRESS	409 LAKEVIEW DR. EAST	
CITY-ST-ZIP	RPB FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BREINWEIGER, CHIRLEY	
STREET ADDRESS	1305 LAKEVIEW DR. EAST	
CITY-ST-ZIP	RPB FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PALLOR, JEANETTE	
STREET ADDRESS	2401 LAKEVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALDMAN, GARY	
STREET ADDRESS	1400 LAKEVIEW DRIVE EAST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALLOR, JEANETTE	
STREET ADDRESS	2400 LAKEVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGEL, LESLIE	
STREET ADDRESS	1815 PRIMROSE LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARNDT, BERTHA	
1.3 STREET ADDRESS	409 LAKEVIEW DR. EAST	
1.4 CITY-ST-ZIP	RPB FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRED DENNEY	
2.3 STREET ADDRESS	2404 LAKEVIEW CIRCLE	
2.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PALLOR, JEANETTE	
3.3 STREET ADDRESS	2401 LAKEVIEW CIRCLE	
3.4 CITY-ST-ZIP	ROYAL PALM BEACH FL. 33411	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD SIMMS	
4.3 STREET ADDRESS	201 LAKEVIEW DRIVE EAST	
4.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SIEGEL, LESLIE	
5.3 STREET ADDRESS	1915 PRIMROSE LANE	
5.4 CITY-ST-ZIP	WELLINGTON FL 33414	
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: **BERTHA ARNDT PRES.** 3/2/98

CR2E037 (10/97)