FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(1)

PALMA		ASSOCIATION, INC.				1 104 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11 160 11	ing Andikarah dianggalah dianggal
Principal Place of Business Mailing			ling Address				
			. BOX 2333 M BEACH FL 33480			3. Date Incorporated or Qualified 10/27/1983 4. FEI Number 59-2366096	Applied For Not Applicable
2. Principal P	lace of Business	— <u> </u>	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	е	City & S	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country 25		Zip Country 29 30		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						10. Name and Address of New Registers	ed Agent
81					Name	· · · · · · · · · · · · · · · · · · ·	
SCHOLLA, PETER D 140 ROYAL PALM WAY				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480				83		"	
				84	City	F	85 Zip Code
office or r	egistered agent, or both, i	ns 617.0502 and 617.1508, in the State of Florida. Such of the obligations of, Section	change was au	thorized by	the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the s	of changing its registered
SIGNATURE .	A) = -		ALOXE	Declaration of the second			
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS			13.	t signatura requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	TD		DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	HOPKINS, RANDOLF	PH	1.2 NAME				
STREET ADDRESS	% 140 ROYAL PALM		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY - ST - ZIP			
TITLE	PD DELETE			2.1 TITLE			Change Addition
NAME	METTLER, PETER			2.2 NAME			
STREET ADDRESS	140 ROYAL PALM W	VAY		2.3 STREET /	· · ·		
CITY+ST-ZIP TITLE	PALM BEACH FL DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
NAME	\$D \$Cholla, Peter		DELETE	3.1 TITLE			
STREET ADDRESS	140 ROYAL PALM W	VAY		3.3 STREET	DDRESS		
CITY-ST-ZIP	BALLA DEAGLE			3.4. CITY-ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME	1		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST	- ZIP		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET A			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST 6.1 TITLE	- ZIP		Change Addition
THE				■ U.1 IIILC			COUNTY COUNTY

6.4 CITY - \$1 - ZIP 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

FILED

May 26 1998 8:00am

Secretary of State