

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:40

DOCUMENT # **M11228 (7)**

1. Corporation Name  
**PALM BEACH HEIGHTS LANDOWNERS COALITION, INC.**

Principal Place of Business Mailing Address  
BOX 30128 BOX 30128  
PALM BEACH GARDENS FL 33420-7128 PALM BEACH GARDENS FL 33420-7128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/12/1985  
3a. Date of Last Report 03/01/1994

4. FEI Number 59-2495342  
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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 33420-0128 25 29 33420-0128 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERMAN, ROBERT A.  
6973 DONALD ROSS ROAD  
PALM BEACH GARDENS FL 33418

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the president or registered agent or the agent

Name of Registered Agent to be registered when required

(All)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE PD  
12.2 NAME BERMAN, ROBERT A.  
12.3 STREET ADDRESS 6973 DONALD ROSS RD  
12.4 CITY-ST.-ZIP PALM BCH GARDENS FL

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST.-ZIP

12.1 TITLE VP  
12.2 NAME BERMAN, JOANNE F  
12.3 STREET ADDRESS 6973 DONALD ROSS RD  
12.4 CITY-ST.-ZIP PALM BCH GARDENS FL

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST.-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST.-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST.-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST.-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST.-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST.-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST.-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST.-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST.-ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that this information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or on an attached document with an address.

SIGNATURE: SIGNATURE APPLIED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Robert A. Borman 3/8/95 (407) 627-0237

(Use Daytime Phone)