FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION AÑNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

M11228

DALM REACH HEIGHTS LANDOWNERS COALITION, INC.

Principal Place	re of Business	Mailing Address			11 - 1 1 - 11 - 11 - 11 - 11 - 11 - 11
BOX 30128 PALM BEAUM GARDENS FL 33420		BOX 30128 PALM BEACH GARDENS FI	L 33420-0128		
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/12/1985	02/06/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-2495342	Applied For Not Applicable
Suite, Apt.	#, elc	Suite. Apt. #, etc.			60 7E
22		27	y=	5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	
24	25 9. Name and Address of Cur		30	Florida Statutes 10. Name and Address of New Regis	res No
DEC	RMAN, ROBERT A.	tent negistered Agent	81 Name	IO. Halle and Address of Hell Negli	Itelan Mailr
697	3 DONALD ROSS ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>
PALM BEACH GARDENS FL 33418			83		
			84 City		85 Zip Code
			a4 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the ob-	ligations of, Section 607 0505, Flo	uthorized by the corpora rida Statutes. Registered Agent signature requi		DATE
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PD Berman, Robert A.	☐ DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADORESS	6973 DONALD ROSS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CiTY-ST-ZiP	33418-830	06
THILE	VP	DELETE	2.1 TITLE		☐ Change
NAME	BERMAN, JOANNE F 6973 DONALD ROSS RD		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	PALM BCH GARDENS FL.		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	33418-83	06
TITLE	TAUN DOLL GAMBERO LE	DELETE	31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T print	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME expect aboves	}		4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZIP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
 14. I do herel informatic 	by certify that the information support indicated on this annual record	plied with this filing does not qualify or supplemental annual report is tr	y for the exemption states ue and accurate and tha	d in Section 119.07(3)(i), Florida Statutes. I It my signature shall have the same legal e Irt as required by Chapter 607, Florida Stat	I further certify that the ffect as if made under cath: that
t am an o appears i	officer or director of the corporation in Block 12 or Block 13 if changed	n or the modeliver or trustee empower. It or on an attachment with an add	ered to execute this repo ress.	rt as required by Chapter 607, Florida Stat	tutes; and that my name

(561) 627-1118 Daytime Prione #

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

- Robert A. Berman, Pres. 1/15/97

FILED

Jan 24 1997 8:00am

Secretary of State