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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M11228

PALM BEACH HEIGHTS LANDOWNERS COALITION, INC.

Principal Place of Business Mailing Address				_				*****************	ani atan anan man
BOX 30128 BOX 30128						• •	•	• .	
PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS			FL 33420			· ·		• •	
US		U	\$				DO NOT WRITE IN T	HIS SPACE	
	•						3. Date incorporated or Qualifed		
<del></del>		<del></del>					02/12/1985		
<b>├</b> ── `	Place of Business	· —	a. Mailing Address	* .			4. FEI Number	Щ	Applied For
21		26	<u></u>				59-2495342		Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	•			5. Certifcate of Status Desired	•	5 Additional
22		27						Fee	Required
<b></b>			City & State				6. Election Campaign Financing		0 May Be
23		28					Trust Fund Contribution	Adde	to Fees
Zip	Country		Zip	Coun	itry		8. This corporation owes the current year		_
24	25	29	<u> </u>	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu		stered Agent				10. Name and Address of New Register	red Agent	
PED	MAN POREDT A	Section and		[	81	Name			. `
BERMAN, ROBERT A. PALIGOTS DONALD ROSS ROAD COMBERS OF A FEMALES			l;	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>		
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PAL	M BEACH GARDENS FL 334	118		[1	83		· 编译 · 信息 查查证 各国	5. 1. 1. 1. 1. E.	
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		,		1'	•4	City	· •	EL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607	7.0502 and	307.1508, Florida Statu	ites, the ab	ove-	-named corpo	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	e of changing	its registered
office or r	registered agent, or both, in the S am familiar with, and accept the o	State of Flori	ida. Such change was f. Section 607 0505. Ft	authorized :	by t	the corporation	n's board of directors. I hereby accept the ap	opointment as	registered
· agent ta	•	ibligations b	1, 0000011 007.0000, 11	Olida Otalai	.63.		•		
							•		
SIGNATURE	Signature, typed or printed name of registere	ed agent and title	if applicable. (NOT	E: Registered A	aent		when reinstating) DATE	-	<u>·</u>
SIGNATURE	Signature, typed or printed name of registere	ed agent and title		E: Registered A	gent		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	<u> </u>	TORS IN 12
	Signature, typed or printed name of registere							<u> </u>	
12.	Signature, typed or printed name of registere OFFICER:		ECTORS	13.	Æ			AND DIREC	
12. TITLE NAME	Signature, typed or printed name of registers OFFICER: PD BERMAN, ROBERT A.		ECTORS	13. 1.1 TITL 1.2 NAM	E Æ	signature required		AND DIREC	
12. ITTLE NAME STREET ADDRESS	Signature, typed or printed name of registere OFFICER: PD BERMAN, ROBERT A. 6973 DONALD ROSS RD		ECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E ME EET/	signature required		AND DIREC	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER:  PD BERMAN, ROBERT A. 6973 DONALD ROSS RD PALM BCH GARDENS FL		ECTORS	13. 1.1 TITE 1.2 NAM 1.3 STR 1.4 CITY	E KE EET/	signature required		S AND DIREC	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registere OFFICER: PD BERMAN, ROBERT A. 6973 DONALD ROSS RD PALM BCH GARDENS FL VP		ECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E ME EET/ /-ST-	signature required		AND DIREC	e Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

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01-29-1999 90017 002 \*\*\*\*150.00