

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N05119** (5)
1. Corporation Name
**THE PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIA
TION, INC.**



Principal Place of Business Mailing Address
3720 SAVOY LANE 3720 SAVOY LANE
W. PALM BEACH FL 33417 W. PALM BEACH FL 33417

3. Date Incorporated or Qualified **09/12/1984** 3a. Date of Last Report **03/17/1995**
4. FEI Number **59-2534805** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution 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 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

MCMILLAN, SHERRY D.
% BECKER, POLIAKOFF & STREITFELD, P.A.
SUITE 720, 450 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **JAMES R. MEROLA**
82 Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Road, Suite #204
83
84 City **Palm Beach Gardens** FL 85 Zip Code **33410**

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

James R. Merola
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORZANO, JOSEPH	
STREET ADDRESS	3594 ALDER DRIVE G2	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CERZOSIE, JOSEPH	
STREET ADDRESS	3624 D-1 ALDER DR.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LA ROSA, PAUL	
STREET ADDRESS	3618 ALDER DRIVE C2	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINKHAM, EDNA	
STREET ADDRESS	3664 D-1 ALDER DR	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOOS, NANCY	
STREET ADDRESS	3606 D-3 ALDER DR	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEVE BERMAN
5.3 STREET ADDRESS	3664 F-1 ALDER DR
5.4 CITY-ST-ZIP	WEST PALM BCH FL 33417
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph Forzano* **JOSEPH FORZANO** **4/15/1996** **407-683-7018**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)