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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N09876 (6)

1. Corporation Name
PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O CITY OF BOYNTON BEACH P.O. BOX 310 BOYNTON BEACH FL 33425-0310 US	C/O CITY OF BOYNTON BEACH P.O. BOX 310 BOYNTON BEACH FL 33425-0310 US

3. Date Incorporated or Qualified: 06/21/1985
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 c/o Town of Highland Beach
Suite, Apt. #, etc.
22 3614 S. Ocean Blvd.
City & State
23 Highland Beach, FL
Zip 24 33487 Country 25 USA

2a. Mailing Address
26 c/o Town of Highland Beach
Suite, Apt. #, etc.
27 3614 S. Ocean Blvd.
City & State
28 Highland Beach, FL
Zip 29 33487 Country 30 USA

4. FEI Number: 59-2552614 ☐ 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

9. Name and Address of Current Registered Agent

PARKER, CARRIE A.
100 EAST BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: MARY ANN MARIANO
82 Street Address (P.O. Box Number is Not Acceptable): 3614 S. Ocean Blvd.
83
84 City: Highland Beach FL 85 Zip Code: 33487

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: MARY ANN MARIANO Mary Ann Mariano 1/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FERRIS, RONALD M.		1.2 NAME	HILL, CARRIE	
STREET ADDRESS	500 GREYNOLDS CIRCLE		1.3 STREET ADDRESS	21 Country Road	
CITY-ST-ZIP	LANTANA FL		1.4 CITY-ST-ZIP	Golf, FL 33436	
TITLE	STD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	MOORE, E.E.		2.2 NAME	LIBERMAN, STUART	
STREET ADDRESS	260 ORANGE TREE DRIVE		2.3 STREET ADDRESS	1701 Barbados Road	
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	PARKER, CARRIE A.		3.2 NAME	MARIANO, MARY ANN	
STREET ADDRESS	100 EAST BOYNTON BEACH BLVD.		3.3 STREET ADDRESS	3614 S. Ocean Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
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 ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Mary Ann Mariano Mary Ann Mariano 1/14/97 (561)278-4548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041648