


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

TOWN OF HIGHLAND BEACCH
3614 S OCEAN BLVD
HIGHLAND BCH FL 33487
US

TOWN OF HIGHLAND BEACH
3614 S OCEAN BLVD
HIGHLAND BCH FL 33487
US

3. Date Incorporated or Qualified

06/21/1985

4. FEI Number

59-2552614

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **Town of Lantana**

26 **Town of Lantana**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **500 Greynolds Circle**

27 **500 Greynolds Circle**

City & State

City & State

23 **Lantana, Florida**

28 **Lantana, Florida**

Zip

Country

Zip

Country

24 **33462**

25 **USA**

29 **33462**

30 **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIANO, MARY ANN
3614 S OCEAN BLVD
HIGHLAND BCH FL 33487

81 Name **Stacy A. Schweinsberg**

82 Street Address (P.O. Box Number is Not Acceptable)

500 Greynolds Circle

83

84 City **Lantana**

FL

85 Zip Code **33462**

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 **Stacy A. Schweinsberg**

DATE **1/9/98**

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	<input checked="" type="checkbox"/> DELETE
NAME	HILL, CCARRIE	
STREET ADDRESS	21 COUNTRY RD	
CITY-ST-ZIP	GOLF FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, STUART	
STREET ADDRESS	1701 BARBADOS RD	
CITY-ST-ZIP	WPB FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARIANO, MARY ANN	
STREET ADDRESS	3614 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lieberman, Stuart	
1.3 STREET ADDRESS	1701 Barbados Road	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33406	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mariano, Mary Ann	
2.3 STREET ADDRESS	3614 S. Ocean Boulevard	
2.4 CITY-ST-ZIP	Highland Beach, FL 33487	

3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schweinsberg, Stacy A.	
3.3 STREET ADDRESS	500 Greynolds Circle	
3.4 CITY-ST-ZIP	Lantana, FL 33462	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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 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, changed, or on an attachment with an address.

SIGNATURE: **Stacy A. Schweinsberg**

DATE **1/9/98** (561) 582-9094

CR2E037 (10/97)