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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09876

1. Corporation Name

**PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I
NC.**

Principal Place of Business

TOWN OF LANTANA
500 GREYNOLDS CIRCLE
LANTANA FL 33462
US

Mailing Address

TOWN OF LANTANA
500 GREYNOLDS CIRCLE
LANTANA FL 33462
US



2. Principal Place of Business

21 TOWN OF GULF STREAM

2a. Mailing Address

26 SAME

3. Date Incorporated or Qualified

06/21/1985

Suite, Apt. #, etc.

22 100 SEA ROAD

Suite, Apt. #, etc.

27 100 SEA ROAD

4. FEI Number

59-2552614

Applied For

Not Applicable

City & State

23 GULF STREAM, FL

City & State

28 GULF STREAM, FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

24 33483

Country

25 USA

Zip

29 33483

Country

30 USA

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHWEINSBERG, STACY A
500 GREYNOLDS CIRCLE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

KRISTIN GARRISON

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

100 SEA ROAD

83

84

CITY GULF STREAM

FL

85 Zip Code 33483

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

KRISTIN GARRISON, TREASURER/SECTY.

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STD
SCHWEINSBERG, STACY A
STREET ADDRESS 500 GREYNOLDS CIRCLE
CITY-ST-ZIP LANTANA FL 33462

TITLE ☒ DELETE

NAME PD
LIEBERMAN, STUART
STREET ADDRESS 1701 BARBADOS RD
CITY-ST-ZIP WPB FL 33406

TITLE ☒ DELETE

NAME VD
MARIANO, MARY ANN
STREET ADDRESS 3614 S OCEAN BLVD
CITY-ST-ZIP HIGHLAND BCH FL 33487

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME STD
KRISTIN GARRISON

1.3 STREET ADDRESS 100 SEA RD.

1.4 CITY-ST-ZIP GULF STREAM, FL 33483

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PD
STACY RUNDLE

2.3 STREET ADDRESS 500 GREYNOLDS CIRCLE
LANTANA, FL 33462

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME ROBERT BARCINSKI
100 N.W. 15 AVE

3.3 STREET ADDRESS DELRAY BEACH, FL 33444

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNED OFFICER OR DIRECTOR

SECTY/TREASURER

1/11/99 (561) 276-5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)