# 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 # N27074 (6)

1. Corporation Name
**PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS ASSOCIATION INC.**

Principal Place of Business
P.O. BOX 3345
BOYNTON BEACH FL 33424-3345
US

Mailing Address
POST OFFICE BOX 3345
BOYNTON BEACH FL 33424-3345
US

3. Date Incorporated or Qualified: 06/22/1988
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0028198 — 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**
WEINBERG, RICHARD P.
9898 HARBOUR LAKE CIRCLE
BOYNTON BEACH FL 33437

**10. Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: RICHARD P. WEINBERG — 1/25/96
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☐ DELETE |
| NAME | WEINBERG, RICHARD P. | |
| STREET ADDRESS | 9898 HARBOUR LAKE CIRCLE | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VP | ☒ DELETE |
| NAME | MCDANNOLD, RAYMOND K. | |
| STREET ADDRESS | 220 MACFARLANE DR | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | VP | ☒ DELETE |
| NAME | WELLS, JAMES R. | |
| STREET ADDRESS | 3837 QUAIL RIDGE DR | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | T | ☒ DELETE |
| NAME | KADEL, KATHRYN C. | |
| STREET ADDRESS | 325 19TH AVE NORTH | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | ☒ DELETE |
| NAME | SHOWMAKER, PAUL W. | |
| STREET ADDRESS | 5501 LAKEVIEW MEWS TERRACE | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VD | ☒ DELETE |
| NAME | MCDANNOLD, RAYMOND K. | |
| STREET ADDRESS | 220 MACFARLANE DR #502 | |
| CITY-ST-ZIP | DELRAY BCH FL | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | WILLIAM B. GARA | ☒ Change ☐ Addition |
| 2.2 NAME | 1908 GULFSTREAM WAY | |
| 2.3 STREET ADDRESS | WEST PALM BEACH FL 33411 | |
| 2.4 CITY-ST-ZIP | VP | |
| 3.1 TITLE | IRENE KRELL | ☒ Change ☐ Addition |
| 3.2 NAME | 5961 NW 2nd AVE. Apt.#211 | |
| 3.3 STREET ADDRESS | BOCA RATON, FL 33487 | |
| 3.4 CITY-ST-ZIP | VP | |
| 4.1 TITLE | PATRICK MC GROTTY | ☒ Change ☐ Addition |
| 4.2 NAME | 2910 NORWAY PINE LANE | |
| 4.3 STREET ADDRESS | LANTANA, FL 33462 | |
| 4.4 CITY-ST-ZIP | SECTY. | |
| 5.1 TITLE | C.E. PERRY | ☒ Change ☐ Addition |
| 5.2 NAME | 4465B PANDANUS TREE ROAD | |
| 5.3 STREET ADDRESS | BOYNTON BEACH, FL 33436 | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | MERRY BLANK | ☒ Change ☐ Addition |
| 6.2 NAME | 122 FOREST HILL BOULEVARD | |
| 6.3 STREET ADDRESS | WEST PALM BEACH, FL 33405 | |
| 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:** [signature] — 1/25/96 — (407)968-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICK MC GROTTY, SECRETARY

CR2E037 (12/95)