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Feb 26 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 # N27074 (6)

1. Corporation Name

PALM BEACH AREA CHAPTER OF THE RETIRED OFFICERS ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 3345<br>BOYNTON BEACH FL 33424-3345<br>US | POST OFFICE BOX 3345<br>BOYNTON BEACH FL 33424-3345<br>US |

3. Date Incorporated or Qualified: 06/22/1988
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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: KRELL, IRENE
82 Street Address (P.O. Box Number is Not Acceptable): 5961 N.W. 2nd Avenue #211
83
84 City: BOCA RATON, FL 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: Irene S. Krell — IRENE KRELL, Pres. — DATE: 2/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | WEINBERG, RICHARD P. | | 1.2 NAME | KRELL, IRENE | |
| STREET ADDRESS | 9898 HARBOUR LAKE CIRCLE | | 1.3 STREET ADDRESS | 5961 N.W. 2nd Avenue #211 | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 1.4 CITY-ST-ZIP | BOCA RATON, FL 33487 | |
| TITLE | VP | ☒ DELETE | 2.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | GARA, WILLIAM B | | 2.2 NAME | JOHN R. COONEY | |
| STREET ADDRESS | 1908 GULFSTREAM WAY | | 2.3 STREET ADDRESS | 145 Atlantis Blvd. #308 | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 2.4 CITY-ST-ZIP | ATLANTIS, FL 33462 | |
| TITLE | VP | ☒ DELETE | 3.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | KRELL, IRENE | | 3.2 NAME | BLANK, MERRY | |
| STREET ADDRESS | 5961 NW 2ND AVE, APT 211 | | 3.3 STREET ADDRESS | 122 Forest Hill Blvd. | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | AS | ☐ Change ☒ Addition |
| NAME | MCGROTTY, PATRICK | | 4.2 NAME | DAVIS, JIM | |
| STREET ADDRESS | 2910 NORWAY PINE LANE | | 4.3 STREET ADDRESS | 20737 Waters Edge Court | |
| CITY-ST-ZIP | LANTANA FL | | 4.4 CITY-ST-ZIP | BOCA RATON, FL 33498 | |
| TITLE | #4 | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | PERRY, C E | | 5.2 NAME | KAROL, RALPH | |
| STREET ADDRESS | 4465B PANDANUS TREE ROAD | | 5.3 STREET ADDRESS | 4230 D'este Court #206 | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 5.4 CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | VD | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BLANK, MERRY | | 6.2 NAME | FLYNN, MARGARET | |
| STREET ADDRESS | 122 FOREST HILL BOULEVARD | | 6.3 STREET ADDRESS | 3481 S. Ocean Boulevard #8F | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 6.4 CITY-ST-ZIP | PALM BEACH, FL 33480 | |

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:** Irene S. Krell — IRENE KRELL, President — (561)997-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041627