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Apr 17 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 # **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 BOYNTON BEACH FL 33424-3345 US	POST OFFICE BOX 3345 BOYNTON BEACH FL 33424-3345 US

3. Date Incorporated or Qualified: 06/22/1988

4. FEI Number: 65-0028198 ☐ Applied For ☐ Not Applicable

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

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

KRELL, IRENE
5961 NW 2ND AVE #211
BOCA RATON FL 33487

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 _____ DATE
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	D	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	FLYNN, MARGARET		1.2 NAME	IRENE KRELL	
STREET ADDRESS	3481 S OCEAN BLVD #8F		1.3 STREET ADDRESS	5961 NW 2nd AVE #211	
CITY-ST-ZIP	PALM BCH FL		1.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	COONEY, JOHN R		2.2 NAME	COL. JOHN MYER.	
STREET ADDRESS	145 ATLANTIS BLVD, #306		2.3 STREET ADDRESS	2383 SW 13TH AVE	
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	PD	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	KRELL, IRENE		3.2 NAME	ALLAN NIRENBERG	
STREET ADDRESS	5961 NW 2ND AVE, APT 211		3.3 STREET ADDRESS	6620 BOCA DEL MAR DR #107	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	MCGROTTY, PATRICK		4.2 NAME	WILBUR LILLING	
STREET ADDRESS	2910 NORWAY PINE LANE		4.3 STREET ADDRESS	7772 MAJESTIC PALM DR	
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, C E		5.2 NAME		
STREET ADDRESS	4465B PANDANUS TREE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLANK, MERRY		6.2 NAME		
STREET ADDRESS	122 FOREST HILL BOULEVARD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Wilbur Lilling WILBUR LILLING 4/6/98 5617399244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #