

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:08

DOCUMENT # **N35287 (4)**

1. Corporation Name

PALM COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

18586 LAKESIDE GARDENS DR.
JUPITER FL 33458
US

18586 LAKESIDE GARDENS DR.
JUPITER FL 33458
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/20/1989** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0161146** Applied For Not Applicable

2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21	1001 N US Hwy one	26	1001 N US Hwy 1	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Suite, Apt. #, etc. #600		Suite, Apt. #, etc. 600		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
City & State Jupiter FL		City & State Jupiter FL		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip 33477	25	Country FLM BCH	29	Zip 33477
24	Country FLM BCH	29	Country PB		

9. Name and Address of Current Registered Agent

WISNESKI, RONALD H
18586 LAKESIDE GARDENS DR.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1001 N US Hwy one #600**
83
84 City **JUPITER** FL 85 Zip Code **33477**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Ronald H Wisneski* **RONALD H WISNESKI** **2/1/95**
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, GREG	1.2 NAME	
STREET ADDRESS	40 RIDGEWOOD CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, MICHELE	2.2 NAME	
STREET ADDRESS	18610 LAKESIDE GARDENS D	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNESKI, RONALD	3.2 NAME	
STREET ADDRESS	118588 LAKESIDE GRDNS D	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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 filer or filer's authorized representative or filer's authorized representative to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: *Ronald H Wisneski* **RONALD H WISNESKI** **2/1/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR