FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35287

(4)

Mailing Address

PALM COVE PROPERTY OWNERS ASSOCIATION, INC.

1001 N US HWY SUITE 600 JUPITE FL 33477 US		1001 N US HWY 1 SUITE 600 JUPITE FL 33477-4479 US		3. Date incorporated or Qualified 11/20/1989	3a. Date of Last Report 03/15/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0161146	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Yes 🔼 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
MICHICAL DOMAIN I				ddress (P.Ö. Box Number is Not Acceptab	le)
JUPITER	FL 33477		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 Signature, typed or prinled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	WEBB, JOSEPH R		1.2 NAME		
STREET ADDRESS	6041 FOUNTAIN PALM DE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458	DELETE	1.4 CITY - ST - ZIP		Channe
TITLE	SD SOUNTE MOUTE		2.1 TITLE		Change Addition
NAME CIRCL ADDRESS	SCHMITT, MICHELE 18610 LAKESIDE GARDEN	ie n	2.2 NAME	•	
STREET ADDRESS	JUPITER FL	13 D	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD	DELETE	2. 4 City-ST-ZIP 3.1 TITLE	***************************************	Change Addition
NAME	WISNESKI, RONALD		3.2 NAME		
STREET ADDRESS	118586 LAKESIDE GRONS	n	3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4. CITY-ST-ZIP		
TITLE	VOI II CITTE	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-7IP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 City - St - ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME	•	p
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City-St-ZiP		
14. I do hereby	certify that the information sup	plied with this filing does not qua	lify for the exemption sta	ted in Section 119.07(3)(i), Florida Statutes	s. 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 consoration of the receiver or true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name					