FILED

Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90018 033 ****61.25

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Mailing Address

1001 N US HWY 1 SUITE 600

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

N35287 DOCUMENT

1. Corporation Name

Principal Place of Business

1001 N US HWY ONE

SUITE 600

PALM COVE PROPERTY OWNERS ASSOCIATION, INC.

JUPITE FL 33	477	JUPITE FL 33477 US				וספיר ורסיום יוסוס והאוס ווסיב רוסרק ווסרם רססו רווסר אסטון מיווס ממונו סמס ומוונוסגם ו								
00														
2. Principal Pl	ace of Business	2a. Mailing Address			3.	3. Date Incorporated or Qualifed								
1		26					11/20/							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	4.	FEI Numi							ied For
2							65-016	1146						Applicable
City & State	9	City & State				5.	Certifcate	of Status D	esired		,			Iditional
3		28											e Req	
Zip				Country				Campaign F		ng 🗆		•		lay Be
4]	25 29 30			<u> </u>				d Contribut					ded to	Fees
	9. Name and Address of Current	Registered Agent		 r		10.	. Name ar	d Address	of Nev	v Registe	ered Ag	ent		
				B1	Name									
WISNESKI, RONALD H			1	82 Street Address (P.O. Box Number is Not				t Acce	ptable)				-	
	JS HWY ONE													
#600			[4	83										
	FL 33477		ļ.,	84	City							85	Zìp C	nde
30111211	12 00 11 7		- 1'	*	City						FL [0.5	Lip O	,
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	f Florida. Such change was aut	inonzea i	DY [ine corporat	rporatio tion's b	on submits loard of dire	this stateme ectors. I her	nt for the	he purpos cept the a	se of cha appointm	angin nent a	ig its r es regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Registered A	gent	signature requir					DAT				
12.	OFFICERS AND		13.				ADDITION	IS/CHANGE	S TO	OFFICER	S AND I	DIRE	CTOF	S IN 12
ITLE	PD	☐ DELETE	1.1 TITL	E] Cha	inge	☐ Addition
LAME :	WEBB, JOSEPH R		1.2 NAM	Æ										
TREET ADDRESS	6041 FOUNTAIN PALM DR		1.3 STR	EET	ADDRESS									
ITY-ST-ZIP	JUPITER FL 33458		1.4 CITY	1.4 CITY-ST-ZIP										
MLE				2.1 TITLE								Cha	inge	☐ Addition
AME .	SCHMITT, MICHELE		2.2 NAME											
TREET ADDRESS	18610 LAKESIDE GARDENS D		2.3 STREET ADDRES		ADDRESS									
				2.4 CITY-ST-ZIP										
ITY-ST-ZIP				3.1 TITLE							Ē	Cha	ange	☐ Addition
AME	WISNESKI, RONALD			3.2 NAME										
	118586 LAKESIDE GRDNS D		4	3.3 STREET ADDRESS										
TREET ADDRESS	JUPITER FL		3.4. CIT		•									
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			4.2 NA										•	
AME					ADDRESS									
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ΠLE		☐ DETEIE	5.1 TTTL 5.2 NAM											
AME			1		ADDRESS									
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ITY-ST-ZIP		- FT DELETE	5.4 CITY 6.1 TITL		-217							7 Cha	inge	Addition
iTLE		☐ DELETE									L	_	- ingo	
AME			6.2 NAN											
TOTAL ADDRESS			■ 6.3 STR	ŒĔŤ.	ADDRESS									

64 CITY-ST-ZIP

3IGNATURE:

TREET ADDRESS

ITY-ST-ZIP

OLURFROMAS A WILLIAMSKI TREAS.

4. I hereby certify that the information adoptied 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 of supplemental annual report is frue 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, with an intertike empowered. 561 7472772