## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # N35410

(2)

Mailing Address

PALM BEACH NATIONAL/ST. ANDREWS GLEN PROPERTY OW NERS' ASSOCIATION, INC.

7500 ST. ANDREWS ROAD 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Date incorporated of 11/27/1989 d or Qualified 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0167585 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country  $Z_{1D}$ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes K No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FINN. KERRY Street Address (P.O. Box Number is Not Acceptable) **B2** 7500 ST. ANDREWS ROAD LAKE WORTH FL 33467 83 84 City 65 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when rematating 12. (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition FINN, KERRY NAME 1.2 NAME **CR2E037** 7500 ST. ANDREWS RD. STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change ☐ Add₁tion RUSSELL, SUSAN NAME 2.2 NAME 7500 ST, ANDREWS ROAD STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2 4 CITY - ST - 2IP TITLE DELETE 3.1 TITLE Change ☐ Addition JARRELL, MARK NAME 3.2 NAME 7500 ST, ANDREWS ROAD STREET ADDRESS 33 STREET ADDRESS LAKE WORTH FL CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE TITLE Change 41 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change ☐ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6 1 TITLE ☐ Change Addition

6 2 NAME

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 119.07(3)(k). 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 13 if changed, supplemental that here are considered to the corporation of the cor

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF RAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #

Date