

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 02 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 # N93000005349 (6)
1. Corporation Name
THE PALM BEACH CENTER FOR LIVING, INC.



Principal Place of Business Mailing Address

321 NORTHLAKE BLVD STE 103-105 N. PALM BEACH FL 33408 US

321 NORTHLAKE BLVD STE 103-105 N. PALM BEACH FL 33408 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
11/19/1993

4. FEI Number
65-0451002

Applied For Not Applicable

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

MCGINNIS, CHARLOTTE
378-1 PRESTWICK CR.
PALM BEACH GARDENS FL 33418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Charlotte McGinnis* CHARLOTTE MCGINNIS

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLS, THOMAS	
STREET ADDRESS	321 NORTHLAKE BLVD.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERCIVAL, MARY	
STREET ADDRESS	102 LAKESHORE DR.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINBERG, MARK DC	
STREET ADDRESS	421 NORTHLAKE BLVD.	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNNE, VAL DR.	
STREET ADDRESS	1121 NORTH LAKESIDE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAYNE, NANCY	
STREET ADDRESS	12775 NEWTON PL	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMACHO, MARILYN	
STREET ADDRESS	44 COCONUT ROW	
CITY-ST-ZIP	PALM BEACH FL 33480	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DUMONT, KAREN	
1.3 STREET ADDRESS	3200 N OCEAN DR	
1.4 CITY-ST-ZIP	SINGER ISLAND FL 33404	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DELAUNE, PAUL	
2.3 STREET ADDRESS	1572 QUAIL DR #1	
2.4 CITY-ST-ZIP	WEST PALM BEACH FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	100002546381	
5.4 CITY-ST-ZIP	-06/03/98--01086--009	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

***\$1.25

6/2

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: *Charlotte McGinnis*

CP2E037 (10/97)