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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000004653 (1)

1. Corporation Name

CODE ENFORCEMENT OFFICERS ASSOCIATION OF PALM BEACH COUNTY, FLORIDA, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 19062
 WEST PALM BEACH FL 33416-9062

POST OFFICE BOX 19062
 WEST PALM BEACH FL 33416-9062

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

NOT APPLICABLE

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, RONALD R
1701 BARBADOS ROAD
LAKE CLARKE SHORES FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHERLOCK, DENISE R	
STREET ADDRESS	5985 TENTH AVENUE NORTH	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCDUGAL, CYNTHIA	
STREET ADDRESS	PZE 100 AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RAJEWSKI, ROBERT W	
STREET ADDRESS	PZE 100 AUSTRALIAN AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33408	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, RONALD R.	
STREET ADDRESS	1701 BARBADOS ROAD	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID A. SLEBODNIK	
1.3 STREET ADDRESS	340 OCEAN DR.	
1.4 CITY-ST-ZIP	Juno BEACH, FL 33408	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth JACKSON -PZE	
2.3 STREET ADDRESS	100 AUSTRALIAN AVE.	
2.4 CITY-ST-ZIP	West PALM BEACH, FL 33406	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Deborah MALTE - PZE	
3.3 STREET ADDRESS	100 AUSTRALIAN AVE.	
3.4 CITY-ST-ZIP	West PALM BEACH, FL 33406	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cynthia McDougal	
4.3 STREET ADDRESS	PZE - 100 AUSTRALIAN AVE.	
4.4 CITY-ST-ZIP	West PALM BEACH, FL 33406	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Cynthia McDougal*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (56) 233-5521

CR2E037 (9/96)