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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

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 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
NOT APPLICABLE

Applied For
 Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

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

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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 DELETE
 NAME SHERLOCK, DENISE R
 STREET ADDRESS 5985 TENTH AVENUE NORTH
 CITY-ST-ZIP GREENACRES FL 33463

1.1 TITLE PD Change Addition
 1.2 NAME DAVID A. SLEBODNIK
 1.3 STREET ADDRESS 340 OCEAN DR.
 1.4 CITY-ST-ZIP JUNE BEACH, FL 33408

TITLE SD DELETE
 NAME MCDUGAL, CYNTHIA
 STREET ADDRESS PZE 100 AUSTRALIAN AVENUE
 CITY-ST-ZIP WEST PALM BEACH FL 33408

2.1 TITLE VD Change Addition
 2.2 NAME Kenneth JACKSON -PZE
 2.3 STREET ADDRESS 100 AUSTRALIAN AVE.
 2.4 CITY-ST-ZIP West PALM BEACH, FL 33406

TITLE VD DELETE
 NAME RAJEWSKI, ROBERT W
 STREET ADDRESS PZE 100 AUSTRALIAN AVENUE
 CITY-ST-ZIP WEST PALM BEACH FL 33408

3.1 TITLE SD Change Addition
 3.2 NAME DEBORAH MALTE - PZE
 3.3 STREET ADDRESS 100 AUSTRALIAN AVE.
 3.4 CITY-ST-ZIP West PALM BEACH, FL 33406

TITLE T DELETE
 NAME SCHNEIDER, RONALD R.
 STREET ADDRESS 1701 BARBADOS ROAD
 CITY-ST-ZIP LAKE CLARKE SHORES FL

4.1 TITLE TD Change Addition
 4.2 NAME Cynthia McDougal
 4.3 STREET ADDRESS PZE - 100 AUSTRALIAN AVE.
 4.4 CITY-ST-ZIP West PALM BEACH, FL 33406

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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)