

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004653 (1)**
1. Corporation Name

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



Principal Place of Business POST OFFICE BOX 19062 WEST PALM BEACH FL 33416-9062	Mailing Address POST OFFICE BOX 19062 WEST PALM BEACH FL 33416-9062
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3. Date Incorporated or Qualified 09/19/1994	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name JACKSON, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable) 100 AUSTRALIAN AVE.
83
84 City W. Palm Beach FL 85 Zip Code 33415**

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 *Kenneth Jackson* DATE **6-16-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SLEBODNIK, DAVID A	
STREET ADDRESS	340 OCEAN DR	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, KENNETH	
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALTE, DEBORAH	
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCDUGAL, CYNTHIA	
STREET ADDRESS	100 AUSTRALIAN AVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNETH JACKSON	
1.3 STREET ADDRESS	100 AUSTRALIAN AVENUE	
1.4 CITY-ST-ZIP	W. Palm Bch, FL. 33415	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert W. Hess	
2.3 STREET ADDRESS	10500 N. Military Trail	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL. 34953	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Denise R. SHERLOCK	
4.3 STREET ADDRESS	5985 Tenth Avenue, North	
4.4 CITY-ST-ZIP	Greenacres, FL. 33463	
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 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: *Denise R. Sherlock* Denise R. Sherlock 5-15-98 (511) 642-2065

CP2E037 (10/97)