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May 13 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 # N96000004945 (9)

1. Corporation Name

PALLADIUM HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

900 N FEDERAL HWY STE 380
BOCA RATON FL 33432

900 N FEDERAL HWY STE 380
BOCA RATON FL 33432-2754

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 101 S. CONGRESS AVE
Suite, Apt. #, etc.

26 101 S CONGRESS AVE
Suite, Apt. #, etc.

4. FEI Number

Applied For
 Not Applicable

22 City & State

27 City & State

23 DELRAY BEACH FL

28 DELRAY BEACH FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 33445
25 Country

29 33445
30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, JEFFREY A
900 N FEDERAL HWY STE 380
BOCA RATON FL 33432

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
NAME GORDON, GARY
STREET ADDRESS 900 N FEDERAL HWY STE 380
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE PD
1.2 NAME GORDON, GARY
1.3 STREET ADDRESS 101 S. CONGRESS AVE.
1.4 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VTD
NAME KOOLIK, IAN
STREET ADDRESS 900 N FEDERAL HWY STE 380
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE VTD
2.2 NAME KOOLIK, IAN
2.3 STREET ADDRESS 101 S. CONGRESS AVE.
2.4 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE SD
NAME GORDON, ROBERT
STREET ADDRESS 900 N FEDERAL HWY STE 380
CITY-ST-ZIP BOCA RATON FL 33432

3.1 TITLE SD
3.2 NAME GORDON, ROBERT
3.3 STREET ADDRESS 101 S. CONGRESS AVE
3.4 CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)