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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000004945 (9)
1. Corporation Name

PALLADIUM HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

101 S. CONGRESS AVE.
DELRAY BEACH FL 33445
US

101 S. CONGRESS AVE.
DELRAY BEACH FL 33445
US

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number 65-0721639
APPLIED FOR

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2801 N. MILITARY TRAIL

26 2801 N. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

24 Zip 33431 25 Country

29 Zip 33431 30 Country

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

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)

4000 N. FEDERAL HWY

83

84 City

BOCA RATON

FL

85 Zip Code

33431

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 GORDON, GARY
STREET ADDRESS 101 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE PD Change Addition
1.2 NAME GORDON, GARY
1.3 STREET ADDRESS 6525 GRANDE ORCHID WAY
1.4 CITY-ST-ZIP DELRAY BEACH, FL. 33444

TITLE VID DELETE
NAME KOOLIK, IAN
STREET ADDRESS 101 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE D Change Addition
2.2 NAME KOOLIK, IAN
2.3 STREET ADDRESS 6525 GRANDE ORCHID WAY
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE SD DELETE
NAME GORDON, ROBERT
STREET ADDRESS 101 S. CONGRESS AVE.
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE VSD Change Addition
3.2 NAME GORDON, ROBERT
3.3 STREET ADDRESS 6525 GRANDE ORCHID WAY
3.4 CITY-ST-ZIP DELRAY BEACH, FL. 33444

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

[Handwritten Signature]

4/1/98

561-637-0110

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