

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 04, 1999 8:00 am**  
**Secretary of State**

02-04-1999 90014 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N96000004945**

1. Corporation Name  
**PALLADIUM HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business 2801 N MILITARY TRAIL BOCA RATON FL 33431 US	Mailing Address 2801 N MILITARY TRAIL BOCA RATON FL 33431 US
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/23/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0721639
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEVINE, JEFFREY A 4000 N FEDERAL HWY BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE PD	NAME GORDON, GARY	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6525 GRANDE ORCHID WAY	CITY-ST-ZIP DELRAY BCH FL 33446	1.2 NAME	
TITLE D	NAME KOOLIK, IAN	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6525 GRANDE ORCHID WAY	CITY-ST-ZIP DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	
TITLE SD	NAME GORDON, ROBERT	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 101 S. CONGRESS AVE.	CITY-ST-ZIP DELRAY BEACH FL	2.2 NAME	
TITLE VSD	NAME GORDON, ROBERT	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6525 GRANDE ORCHID WAY	CITY-ST-ZIP DELRAY BCH FL 33446	2.4 CITY-ST-ZIP	
TITLE PD	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	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 in an attachment with an address, with all other like empowered.

**SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0043519 0243919 CR2E037 (1/198)