FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N01094** **(4)**

1. Corporate Name

SOCIETY HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOC PROPERTY MGMT 400 S DIXIE HWY. #10 LAKE WORTH FL 33460 US	ASSOC PROPERTY MGMT 400 S DIXIE HWY #10 LAKE WORTH FL 33460 US

3. Date Incorporated or Qualified: **01/26/1984**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2469336** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	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

~~ST JOHN, KING &~~
~~500 AUSTRALIAN AVE S 600~~
~~W PALM BCH FL 33401~~

10. Name and Address of New Registered Agent

81 Name: Assoc. Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Highway
83 #10
84 City: Lake Worth FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] New Agent 4/26/95
(Typed or printed name of registered agent and title if applicable) (If not Registered Agent, signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '9	
TITLE	~~VP~~	11 TITLE	☐ Change ☐ Addition
NAME	~~ROSENFELD, SAMUEL~~	12 NAME	
STREET ADDRESS	~~5117-1 SOCIEY PLACE W~~	13 STREET ADDRESS	
CITY ST ZIP	~~W. PALM BEACH FL~~	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	PARRIS, STEVEN	22 NAME	
STREET ADDRESS	5099 H SOCIETY PLACE W	23 STREET ADDRESS	
CITY ST ZIP	W. PALM BCH. FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHOREY, JIM	32 NAME	
STREET ADDRESS	781-D HILL DR.	33 STREET ADDRESS	
CITY ST ZIP	WEST PALM BCH. FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	ALBERTSON, ANDREA	42 NAME	
STREET ADDRESS	833A HILL DR	43 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	ROBNOLTE, FAYE	52 NAME	
STREET ADDRESS	778A HILL DR	53 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Secty. 5-25-95 (Date) 653-5057 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012685