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 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706393 (6)

1. Corporate Name

SOUTH PALMWAY-LAKESIDE DRIVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1202 SOUTH LAKESIDE DR LAKE WORTH FL 33460	1202 SOUTH LAKESIDE DR LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2163275 ☐ 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	103 16th Ave South	26	103 16th Ave South
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Lake Worth, FL	28	City & State: Lake Worth, FL
24	Zip: 33460	29	Zip: 33460
25	Country	30	Country

9. Name and Address of Current Registered Agent

KELLY, JOANNE M.
1202 SOUTH LAKESIDE DR
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Cronauer, Virginia E.
82 Street Address (P.O. Box Number is Not Acceptable)
83 103 16th Ave South
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 Virginia E. Cronauer 4/26/95
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	KELLY, JOANNE
STREET ADDRESS	1202 S. LAKESIDE DR
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	PD
NAME	BOWER, KEN
STREET ADDRESS	1100 S. LAKESIDE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	VD
NAME	MIELE, DON
STREET ADDRESS	502 S. PALM WAY
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	☒ Change ☐ Addition
12 NAME	Cronauer, Virginia E.	
13 STREET ADDRESS	103 16th Ave South	
14 CITY-ST-ZIP	Lake Worth, FL 33460	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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(1)(k), Florida Statutes. I further certify that the information indicated on the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia E. Cronauer 4/26/95 407 547 5081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Virginia E. Cronauer