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 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723447** **(9)**

1. Corporation Name

PALM BEACH VILLAS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
4201 SOUTH OCEAN BLVD. SOUTH PALM BEACH FL 33480	4201 SOUTH OCEAN BLVD. SOUTH PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1576194 ☐ 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 $ 100,000. Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 / County — 30

9. Name and Address of Current Registered Agent

JAY STEVEN LEVINE, ESQ.
3300 PGA BLVD., STE 500
LEVINE, FRANK & EDGAR, PA
PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 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 _____ 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	SD	11 TITLE	SD	☒ Change ☐ Addition
NAME	GRAHAM, ELIZABETH	12 NAME	Josephine Boerger	
STREET ADDRESS	4201 S OCEAN BLVD	13 STREET ADDRESS		
CITY ST ZIP	S PALM BEACH, FL 00000	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	WASSON, CARL	22 NAME		
STREET ADDRESS	4201 S OCEAN BLVD	23 STREET ADDRESS	Omit this name	
CITY ST ZIP	S PALM BEACH, FL 00000	24 CITY ST ZIP		
TITLE	PD	31 TITLE	PD	☒ Change ☐ Addition
NAME	EVIRS, HOWARD W	32 NAME	Harry Boerger	
STREET ADDRESS	4201 S OCEAN BLVD	33 STREET ADDRESS		
CITY ST ZIP	S PALM BCH, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CLARKE, HELEN	42 NAME		
STREET ADDRESS	4201 S OCEAN BLVD	43 STREET ADDRESS		
CITY ST ZIP	S PALM BEACH, FL 00000	44 CITY ST ZIP		
TITLE	TD	51 TITLE	TD	☒ Change ☐ Addition
NAME	BELL, ETHEL	52 NAME	Margaret Jacobsen	
STREET ADDRESS	4201 S OCEAN BLVD	53 STREET ADDRESS		
CITY ST ZIP	S PALM BEACH, FL 00000	54 CITY ST ZIP		
TITLE	D	61 TITLE	VD	☒ Change ☐ Addition
NAME	MORBIT, PATRICK J.	62 NAME		
STREET ADDRESS	4201 S OCEAN BLVD	63 STREET ADDRESS		
CITY ST ZIP	S PALM BCH, FL 00000	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)(k), 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: Debra Moore for Pat Morbit — Debra Moore/Pat Morbit — 4/28 — (407)641-2674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013107