

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N09876 (6)

1. Corporation Name

**PALM BEACH COUNTY CITY MANAGEMENT ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

C/O VLG OF NORTH PALM BCH
 501 US HWY 1
 NORTH PALM BCH FL 33408
 US

C/O VLG OF NORTH PALM BCH
 501 US HWY 1
 NORTH PALM BCH FL 33408
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1985

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2552614

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

☒ **FILING FEE IS
 \$61.25**

8. This corporation has liability for intangible tax under s. 100.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 C/O City of Atlantis

26 c/o City of Atlantis

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 260 Orange Tree Drive

27 260 Orange Tree Drive

City & State

City & State

23 Atlantis, FL

28 Atlantis, FL

Zip

Country

Zip

Country

24 33462

25 PB

29 33462

30 PB

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICOLETTI, PAUL J.
 317 10TH STREET
 W. PALM BEACH FL 33401

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 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
NAME	NELSON, GAIL F.
STREET ADDRESS	340 OCEAN DR.
CITY - ST - ZIP	JUNO BCH. FL
TITLE	VD
NAME	KELLY, DENNIS W.
STREET ADDRESS	501 U.S. HIGHWAY 1
CITY - ST - ZIP	N. PALM BCH. FL
TITLE	STD
NAME	FERRIS, RONALD M.
STREET ADDRESS	500 GREYNOLDS CIRCLE
CITY - ST - ZIP	LANTANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Kelly, Dennis W.	
13 STREET ADDRESS	501 US Hwy 1	
14 CITY - ST - ZIP	N. Palm Beach, FL	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	Ferris, Ronald M.	
23 STREET ADDRESS	500 Greynolds Circle	
24 CITY - ST - ZIP	Lantana, FL	
31 TITLE	STD	☒ Change ☐ Addition
32 NAME	Moore, E. Earl	
33 STREET ADDRESS	260 Orange Tree Drive	
34 CITY - ST - ZIP	Atlantis, FL	
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 110.07(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: E. Earl Moore **E. Earl Moore** **June 12, 1995** **407/965-1744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR