FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 706393 (6)

1. Corporation Name

SOUTH PALMWAY-LAKESIDE DRIVE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
103 16TH AVE SOUTH LAKE WORTH FL 33460 US	103 16TH AVE SOUTH LAKE WORTH FL 33460 US

3. Date Incorporated or Qualified: 11/08/1963

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 107 18th Ave. South	26 107 18th Ave. South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Worth FL	City & State 28 Lake Worth FL
Zip 24 33460 Country 25 USA	Zip 29 33460 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRONAUER, VIRGINIA E.
103 16TH AVENUE S
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: Lucille M. Andersen
82 Street Address (P.O. Box Number is Not Acceptable): 107 18th Ave. South
83
84 City: Lake Worth **FL** 85 Zip Code: 33460

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: Lucille M. Andersen — 3/9/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mailing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORNAUER, VIRGINIA E. 103 16TH AVENUE S LAKE WORTH FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T/P Andersen, Lucille M. 107 18th Ave. South Lake Worth FL 33460	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWER, KEN 1100 S. LAKESIDE DRIVE LAKE WORTH, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/P Pat Clager 1401 S. Palmway Lake Worth, FL 33460	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIELE, DON 502 S. PALM WAY LAKE WORTH, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Lucille M. Andersen — 3/9/96 — 407-588-5741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lucille M. Andersen