

**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 # N07278 (7)

1. Corporation Name

THE PALM CLUB WEST VILLAGE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

400 S. DIXIE HWY #10  
LAKE WORTH FL 33460  
US

400 S. DIXIE HWY #10  
LAKE WORTH FL 33460  
US

3. Date Incorporated or Qualified  
01/23/1985

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 4855 CLASSIC DRIVE

26 4855 CLASSIC DRIVE

4. FEI Number

59-2534815

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 WEST PALM BEACH - FL

28 WEST PALM BEACH - FL

24 Zip 33417

25 Country US

29 Zip 33417

30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
400 SOUTH DIXIE HWY  
STE. #10  
LAKE WORTH FL 33460

81 Name

SEACREST MANAGEMENT, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

3700 GEORGIA AVE.

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33405

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

*Edward Toner*

(NOTE: Registered Agent signature required when reinstating)

DATE 2-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOLINARIO, JOAN	
STREET ADDRESS	3926 CIRCLE LAKE DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRASSO, LARNAINE	
STREET ADDRESS	4857 LAKESIDE CIR	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THOREN, DEBORAH	
STREET ADDRESS	4723 LAKESIDE CIR	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TONER, EDWARD	
STREET ADDRESS	3922 CIRCLE LAKE DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLLACK, ELINOR	
STREET ADDRESS	3946 CLASSIC COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, SUSAN	
STREET ADDRESS	4662 LAKESIDE CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL 33477	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LIDINSKY, RICHARD	
1.3 STREET ADDRESS	4680 LAKESIDE CIRCLE	
1.4 CITY-ST-ZIP	W. P. B. FL. 33417	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WAGNER, JAMES	
2.3 STREET ADDRESS	3834 CLASSIC COURT	
2.4 CITY-ST-ZIP	W. P. B. FL. 33417	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HEIDLEBAUGH, SHARON	
3.3 STREET ADDRESS	3866 CIRCLE LAKE DRIVE	
3.4 CITY-ST-ZIP	W. P. B. FL 33417	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CHITTY, LEON	
5.3 STREET ADDRESS	4687 LAKESIDE CIRCLE	
5.4 CITY-ST-ZIP	W. P. B. FL 33417	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HERDE, RICHARD	
6.3 STREET ADDRESS	3882 CLASSIC COURT	
6.4 CITY-ST-ZIP	W. P. B. FL 33417	

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:

*Edward Toner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2-16-96

(407) 478-8178

Daytime Phone #

CR2E037 (12/95)