

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **722736** (6)

1. Corporation Name

PALM GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10249 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410**

**10249 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410**



3. Date Incorporated or Qualified

02/21/1972

3a. Date of Last Report

02/21/1995

4. FEI Number

59-1478684

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 **No Money Mkt**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**ASHBURN, THOMAS J.
10249 N. MILITARY TRAIL #205
PALM BEACH 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 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

Thomas J. Ashburn

THOMAS J. ASHBURN

7/1/96

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	SD	<input type="checkbox"/> DELETE
NAME	EVANS, BETTY	
STREET ADDRESS	10249 N. MILITARY TRAIL #204	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASHBURN, JUDY G	
STREET ADDRESS	10249 NO MILITARY TRAIL, STE 205	
CITY-ST-ZIP	PALM BCH GRDNS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEVIT, SHIRLEY	
STREET ADDRESS	10193 MILITARY TR #201	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, MARY DENISE	
STREET ADDRESS	4639 JUNIPER LANE	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, MICHAEL	
STREET ADDRESS	2534 CANTERBURY DR., N.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUDY, ALICE K	
STREET ADDRESS	10249 N. MILITARY TRAIL #107	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mickinney, Karen	
1.3 STREET ADDRESS	10193 N. Military Trail #103	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ASHBURN, THOMAS J	
2.3 STREET ADDRESS	10249 N. Military Trail #205	
2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEE, ELAINE	
3.3 STREET ADDRESS	7421 N. 159th ST	
3.4 CITY-ST-ZIP	Palm Gardens, FL 33418	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Thomas J. Ashburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

Date

Daytime Phone #

CR2E037 (3/96)