FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(1)

PALM BREEZES HOMEOWNERS ASSO. INC.

FILED Apr 08 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							I ANIEL BOULD LOCID FOLDE (18 14 8 18 11 W18 11 9 18 14 1	}11 0 11 010 11 1	E4211 1861	
3440 LAKE OV LANTANA FL 3	ERLOOK PLACE 13462		3440 LAKE OVERLOOK PLACE LANTANA FL 33462-7206								
					i	3. Date Incorpora 03/06/1		3a. Date of L 03/19	ast Repo 9/1996		
2. Principal P	Place of Business	2a. Mailing	2a. Mailing Address			4. FEI Number			Applied For		
21		26	<u> </u>			NOT APPLICABLE				pplicable	
Suite, Apt.	<u> </u>	27				5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & Stat	e ,		City & State			6. Election Campaign Financing \$5.00 May Be					1
23			[28]			Trust Fund Contribution Added to Fees					
Zip	Country Zip			Country 1		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
24	25 9. Name and Address of Curre	29 ant Begistered Ac				Florida Statutes L Yes No 10. Name and Address of New Registered Agent					-
	g, ttallo plus readings of our	one regional re	81 Na	Ninna							
LAWRENCE, CAROL				ł I	Street Address (P.O. Box Number is Not Acceptable)						
6161 PALM HARBOUR DRIVE LANTANA FL 33462				83	6077	PALM H	TNOOVIC	PRIVE			┨
LANIAN	IA FL 33402										_
				84 Ci	· L/J/N	TANA		FL B5	334°	12	
i office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obti	te of Florida. Such	change was auth	orized by the	med corpoi corporation	ration submits this s n's board of director	rs. I hereby accep	t the appointme	ing its re at as reg	egistered iistered	
SIGNATURE Harney Cardon HARVEY CARDO					nature required	when reinstating)		JARCH 3	1, 19	<i>97</i>	<u>.</u>
12.		ND DIRECTORS		13.			ANGES TO OFFIC] 8
TITLE	PD	7	DELETE	1.1 TITLE	PD			L Cha	inge 👂	Addition	Ó
NAME	LAWRENCE, CAROL			1.2 NAME	<u> </u>	RWY CARD	en ensure he	lue?			5
STREET ADDRESS	6161 PALM HARBOUR DRIV	Æ		1.3 STREET ADDR	RESS 100 T	17 PARM HA	KBOOK DY	-100			Ĭ
CITY-ST-ZIP	LANTANA FL		5 1 55 55	1.4 CITY - ST - ZIP		VTANA, FL,	23402				Įģ
TITLE	VD	+	DELETE	2.1 TITLE	VV	A E EID		☐ Cha	inge 👂	Addition	۲
NAME	COONEY, JEAN	·-		2.2 NAME	67/	10 PALA BR	ETZES DRIVE				
STREET ADDRESS	6113 PALM HARBOUR DRIV	'E		2.3 STREET ADDR	IESS 67	UTANA, FL.,	221062				1
CITY-ST-ZIP	LANTANA FL		DELETE	2 4 City-S1-ZiF	<u> </u>	UTANA, MEI	20700	Chi		Addition	-
TITLE	SD MOISON ZODA		- DELETE	31 TITLE	SD	ed WILSON		LJ Ch		Addition	
NAME STREET ADDRESS	WILSON, ZORA 3316 LAKE OVERLOOK PLA	·CE		3.2 NAME	rec 43 73	H. LAKE Y	arlank pla		SANO		
STREET ADDRESS	LANTANA FL	ICE	· ·	3.3 STREET ADDR	110	NOWA, FL	33462	_	_		
CITY-ST-ZIP TITLE	TD		DELETE	3.4. CITY - ST - ZIF 4.1 TITLE					ange [Addition	1
NAME	CARDON, HARVEY	'		4. 2 NAME	HA	Prey CAIR	DON BROVE DE	2,	go		1
STREET ADORESS	6077 PALM HARBOR DRIVE			4.3 STREET ADDR	100	7 80219 1711	477 V.	5	Me-		
CITY-ST-ZIP	LANTANA FL			4.4 City-St-ZiP	" L	antana, i=	L, 33462	_	_	-	
TITLE	EMITAIN IE		DELETE	5.1 TITLE	· 			Cha	inge [Addition	1
NAME				5.2 NAME	Ì				-	_	1
STREET ADDRESS				5.3 STREET ADDR	eess						
CITY-ST-ZIP				5.4 CITY-S1-ZIP							
TITLE			DELETE	6.1 TIPLE	1			☐ Chá	inge [Addition	1
NAME			1	6.2 NAME	1						1
STREET ADDRESS				6.3 STREET ADDR	IESS						
CITY-ST-ZIP	•			6.4 CITY-ST-ZIP							
dd I ala barak	au partifu that the information augusti	ad with this filias :	long mad a solituda	e dha anamel	on alabadia	Contine 110 07(0)	i) Florido Ctot des	I for the second of	Alexa Cales		1

r oo nereby certily that the information supplied with this filling does not qualify for the exemption stated in Soction 119.07(3)(i), 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 tegal 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 3 If changed, or on an attachment with an address.