

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709774 (4)**  
1. Corporation Name  
**PALM BAY CONDOMINIUM, INC.**



Principal Place of Business <b>770 PALM BAY LANE MIAMI FL 33138 US</b>	Mailing Address <b>770 PALM BAY LANE MIAMI FL 33138-5757 US</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>10/18/1965</b>	<b>3a.</b> Date of Last Report <b>02/12/1996</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4.</b> FEI Number <b>59-1112308</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>ROBERTS MANAGEMENT &amp; REALTY CO., INC. 1840 NE 153RD STREET NORTH MIAMI BEACH FL 33162</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<b>FL</b> <b>85</b> 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]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHETT, DAN	1.2 NAME	
STREET ADDRESS	770 PALM BAY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITZ, CURTIS	2.2 NAME	
STREET ADDRESS	770 PALM BAY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PHIL	3.2 NAME	
STREET ADDRESS	770 PALM BAY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATLAS, JANET	4.2 NAME	Mosholder, Corina
STREET ADDRESS	770 PALM BAY LANE	4.3 STREET ADDRESS	770 Palm Bay Lane
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Fl
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATLAS, RUSSELL	5.2 NAME	
STREET ADDRESS	770 PALM BAY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 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: *[Signature]* 479-97 305-759-2929

CR2E037 (9/96)