## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761

761846

(5)

PALM PLACE CONDOMINIUM ASSOCIATION, INC.

## FILED May 19 1998 8:00am Secretary of State

			1 1881 / 1881 - 1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881   1881	
Principal Place	e of Business	Mailing Address		1 HOURT LOOID GITCH HOUR HERK DIGHT ONLD ONLD GLOUD GROUN FIRST BIDGE GIDNE GLOUF GLOUI AGO
C/O UNITED A 3300 UNIVERSIT COBAL SPRING	FAIRY MANAGEMENT. CORP. IN ORIVE. SUITE 405 S PT 33065	2534 NE 9TH ST 97 FT LANDERDALE FL 33304 US Fom Par	MANJAAAN MANJAAAN	3. Date Incorporated or Qualified  03/09/1982  4. FEI Number  Applied For
160000	· Management		33064	<b>59-2238253</b> Not Applica
	ace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.		Fee Required  6. Election Campaign Financing \$5,00 May Be
22	,,,	27		Trust Fund Contribution Added to Fees
City & State	3	City & State	<u> </u>	7. Is this nonprofit corporation a homeowners association?
23	Country	Zip	Country	L Yes L No
Zip 24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
23	9. Name and Address of Curren		1301	10. Name and Address of New Registered Agent
81 Name				
UNITED REALTY MANAGEMENT, CORP. Pager Management and title if applicable.  UNITED REALTY MANAGEMENT, CORP. Pager Management and title if applicable.  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 86 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, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
2534 NE	<b>91H S</b> T	9131 NF 30	87.	,
	4682 / °	R. I. I	-/ <sup>83</sup>	
FT LAUC	ERDALE FL-83338 - 1 Omy	ano Deacii F 33.06	84 City	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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
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<u> </u>				
<del></del>	PN	DELETE		
i	HOURIETT JULIE CON	nie Honoy		
STREET ADDRESS		O NWERT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP		roke Pines FL	1.4 CITY - ST - ZIP	P33 <i>024</i>
TITLE		☐ DELETE	2.1 TITLE	50 0 1 0 1 1 M Change □ Addi
NAME	HONEY, CONNIE		2.2 NAME	Rosalind Basase
STREET ADDRESS	10060 NW 6TH ST		2.3 STREET ADDRESS	459, NW 100 Place
CITY-ST-ZIP	PEMBROKE PINES FL	La locación	2. 4 CITY - ST - ZIP	Pembroko Pineb FL 33024
I INTLE	TD'	L] DELETE	3.1 TITLE	Change L. Addi
NAME	HOLMES, ANITA		3.2 NAME	
STREET ADDRESS	10066 NW 6TH ST PEMBROKE PINES FL		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	FEMBRUKE FINES FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	VP ./ ⊠ Change □ Addi
NAME			4. 2 NAME	Talie Howloff
STREET ADDRESS			4.3 STREET ADDRESS	2740 Egest Way
CITY-ST-ZIP			4.4 CITY - ST - ZIP	PARPOR X14 FL 33026
TITLE		DELETE	5.1 TITLE	Director Change M Addi
NAME			5.2 NAME	Sharon Ekmiero
STREET ADDRESS			5.3 STREET ADDRESS	10055 NW 15# 87
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Pembroke Pinos FL 33024
TITLE		☐ DELETE	6.1 TITL€	Difactor Change IX Addi
NAME			6.2 NAME	Peter Von Fridrick
STREET ADDRESS			6.3 STREET ADDRESS	18096 NW 611 31.
14. I hereby o	pertify that the information supplied w	ith this filing does not qualify for	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i). Florida Statutes, I further certify that the Informati
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.				