


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90038 032 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N25092</b>					
1. Corporation Name <b>STAMFORD AT ROYAL PALM BEACH HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business ASOC. PROP. MGMT. OF THE PALM BEACHES INC. 400 S. DIXIE HWY. #10 LAKE WORTH FL 33460 US			Mailing Address ASOC. PROP. MGMT. OF THE PALM BEACHES INC. 400 S. DIXIE HWY. #10 LAKE WORTH FL 33460 US		



2. Principal Place of Business 21 <b>Distinctive Homes</b> Suite, Apt. #, etc. 22 <b>12765 W. Forest Hill Blvd.</b> City & State 23 <b>Wellington</b> Zip 24 <b>FL 33414</b>		2a. Mailing Address 26 <b>12765 W. Forest Hill Blvd.</b> Suite/Apt. #, etc. 27 <b>1302</b> City & State 28 <b>Wellington, FL</b> Zip 29 <b>33414</b>		3. Date Incorporated or Qualified <b>02/29/1988</b> 4. FEI Number <b>65-0031957</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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9. Name and Address of Current Registered Agent <b>ASSOCIATED PROP. MGMT. OF PALM BEACHES INC</b> <b>400 SOUTH DIXIE HWY #10</b> <b>LAKE WORTH FL 33460</b>				10. Name and Address of New Registered Agent 81 Name <b>Mike Nelson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12765 W. Forest Hill Blvd Suite 1302</b> 83 <b>Wellington</b> 84 City <b>FL</b> 85 Zip Code <b>33414</b>			
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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 **4/15/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE		1.1 TITLE	PD	Change	Addition
NAME	GRACE, JIMMIE			1.2 NAME	Rizzo, Jeannine		
STREET ADDRESS	27-B BEDFORD COURT			1.3 STREET ADDRESS	41 D Essex Court		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411		
TITLE	VD	DELETE		2.1 TITLE	Schellenger, Gary - VD	Change	Addition
NAME	SNYDER, SCOTT			2.2 NAME	36 D Danbury Court		
STREET ADDRESS	15-B AMHERST COURT			2.3 STREET ADDRESS	Royal Palm Beach, FL 33411		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			2.4 CITY-ST-ZIP			
TITLE	SD	DELETE		3.1 TITLE	SD	Change	Addition
NAME	GOODMAN, JEANE			3.2 NAME	Delach, Steve		
STREET ADDRESS	37-B DANBURY COURT			3.3 STREET ADDRESS	36 A Danbury Court		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411		
TITLE	D	DELETE		4.1 TITLE		Change	Addition
NAME	DEMARCO, JOE			4.2 NAME			
STREET ADDRESS	34-C CLINTON COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	TD	Change	Addition
NAME				5.2 NAME	Samer, Dorothy		
STREET ADDRESS				5.3 STREET ADDRESS	49 C Essex Court		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411		
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/15/99** TIME **5:41-753-7666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR