NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90038 018 ****61.25

DOCUMENT # 702845

1. Corporation Name

IΔ	FONTANA	APARTMENTS	OF PALM	REACH	INC.
LA	CUNTRIVA	ACAD INICIAL O	OF FALIVE	DEAUG	IIIV.

Principal Place	e of Business	Mailing Address							
2800 N FLAGLER DRIVE 2800 N FLAGLER DRIVE W. PALM BCH. FL 33407 W. PALM BCH. FL 334									
<u> </u>	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 08/29/1961			
Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number		Apr	lied For
	#, etc.				}	59-1050471		_ 	Applicable
City & State		City & State				00 1000 11 1		\$8.75 A	
	'				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Certificate of Status Desired		Fee Red	
Zip	Country	28	Countr	,		6. Election Campaign Financing		\$5.00	Hay Ro
—	25	⊢ , ·	_ `	,	}	Trust Fund Contribution		Added to	•
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered Ag		
	- Harre and Addiese of Gallent	Trogrational regular	81	Nar	me			-	
55101155	ASICON		L	┷				_	
REICHER,			82	Stre	eet Addres	s (P.O. Box Number is Not Accepta	ble)		1
2800 N. FLAGLER DR.			83	í 					
APT 105				1					
Wesipai 	LM BEACH FL 33407		84	City	1		FL	85 Zip C	ode
11. Pursuant	the provisions of Sections \$17.0502	and 617.1508, Florida Statutes	, the abov	e-nam	ned corpora	ation submits this statement for the	purpose of ch	anging its r	egistered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m raminar with, and accept the obligation	Florida. Such change was auti	norized by	the co	orporation'	s board of directors. I hereby accep	t the appointm	ent as reg	istered
agent. ra	m tamuranwith, and accept the obligation	ons of, Section 617.0505, Florid	a Statute	.			- 190		}
SIGNATURE	Signature, typed or printed name of registered agent of	and title if applicable (NOTE: R	egistered Age	nt signat	ure required w	hen reinstatling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	
TITLE	P	DELETE	1.1 TITLE		D	amela Hall-Treas	, [Change	→ Addition
NAME	CHACE, FRANK	Λ	1.2 NAME			800 No. Flagler		606	
STREET ADDRESS	2800 N FLAGLER DRIVE #505		1.3 STREE	TADDRE					}
CITY-ST-ZIP	W. PALM BCH. FL		1.4 CITY-5		W	lest Palm Beach,	r1.33	407	{
TITLE	VP	☐ DELETE	2.1 TITLE	<u>,, -:, .</u>		1 0		Change	Addition
NAME	STEIN, DR RALPH	_	2.2 NAME		C	arol Gesner B 800 No. Flagler	.Q.D.		^
STREET ADDRESS	2800 N FLAGLER DR #1004		2.3 STREE	T ADDED					[
	W PALM BCH FL 33407		2.4 CITY-		™ W	est Palm Beach,	F1. 33	3407	
CITY-ST-ZIP	BD	▼ DELETE	3.1 TITLE	31-21				Change	Addition
NAME	CARR. CHARLES	A	3.2 NAME		R	onald Socash	_	J.D.	^
	2800 N FLAGLER DR #408		3.3 STREE	T ADDE	FSS 7	800 No. Flagler			
STREET ADDRESS	W PALM BCH FL 33407		3.4. CITY-		-~ 2	est Palm Beach,	<i>₽</i> ∸• <i>π</i>	407	
CITY-ST-ZIP	T FALM DUTT FL 33407	DELETE	4.1 TITLE	31-217	IA		<u> </u>	Change	☐ Addition
	DEICHMED AIKEN	D	4. 2 NAME			President	_	7	
NAME OTREET ADDRESS	REICHNER, AIKEN		4. 2 NAME		Eee				
STREET ADDRESS	2800 NO. FLAGLER DR. #105		B .						
CITY-ST-ZIP	WEST PALM BEACH FL	☐ DELETE	4.4 CITY-5 5.1 TITLE)(-ZIP				Change	Addition
TITLE	BD CONDRA		5.1 TITLE				_		
NAME	ELLIOT, SONDRA		5.3 STREE		FSS				
STREET ADDRESS	2800 N FLAGLER DR #812		5.4 CITY-5]
CITY-ST-ZIP	W PALM BCH FL 33407	DELETE	6.1 TITLE	21 - AJF	+-			Change	Addition
TITLE	S WEINED HADDY	☐ DECE IE	6.2 NAME				L	_ +Ac	zaido//
NAME '	WEINER, HARRY		1		Eee				}
STREET ADDRESS	2800 N FLAGLER DR #714		6.3 STREE		E00				
CITY-ST-ZIP	W PALM BCH FL 33407		6.4 CITY-5	T-ZIP		·····			

4. I hereby cartify 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 suppliemental 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 coloporation or the receive 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 charter of an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

b/2/99

Daytime Phone #

CR2E037 (11/98)