


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

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|--|------------------------|--|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 706393 (6) 1. Corporation Name SOUTH PALMWAY-LAKESIDE DRIVE ASSOCIATION, INC. | | | | | |
| Principal Place of Business 107 18TH AVENUE OSUTH LAKE WORTH FL 33480 US | | | Mailing Address 107 18TH AVENUE SOUTH LAKE WORTH FL 33480 US | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 3. Date Incorporated or Qualified 11/08/1963 4. FEI Number 59-2163275 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ANDERSEN, LUCILLE M. 107 18TH AVENUE SOUTH LAKE WORTH FL 33480 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ANDERSEN, LUCILLE M. | | 1.2 NAME | | |
| STREET ADDRESS | 107 18TH AVENUE SOUTH | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOWER, KEN | | 2.2 NAME | | |
| STREET ADDRESS | 1100 S. LAKESIDE DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MIELE, DON | | 3.2 NAME | | |
| STREET ADDRESS | 502 S. PALM WAY | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 | | 3.4 CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CLAGER, PAT | | 4.2 NAME | | |
| STREET ADDRESS | 1401 S. PALMWAY | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL 33480 | | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MORRISette, Dave | | 5.2 NAME | | |
| STREET ADDRESS | 601 S. Palmway | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Lake Worth, FL 33460 | | 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 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: <u>Lucille M. Andersen</u> April 24, 1998 56-588-5741 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040031 | | | | | |

CR2E037 (10/97)