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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706393

1. Corporation Name

SOUTH PALMWAY-LAKESIDE DRIVE ASSOCIATION, INC.

Principal Place of Business

~~107-18TH AVENUE SOUTH~~
LAKE WORTH FL 33460
US

Mailing Address

~~107-18TH AVENUE SOUTH~~
LAKE WORTH FL 33460
US



2. Principal Place of Business

21 1401 South Palmway

Suite, Apt. #, etc.

22

23 City & State
Lake Worth, Florida

24 Zip 33460 25 Country US

2a. Mailing Address

26 1401 South Palmway

Suite, Apt. #, etc.

27

28 City & State
Lake Worth, Florida

29 Zip 33460 30 Country US

3. Date Incorporated or Qualified

11/08/1963

4. FEI Number

59-2163275

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

Delete
ANDERSEN, LUCILLE M.
107-18TH AVENUE SOUTH
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name Patricia C. Clager
82 Street Address (P.O. Box Number is Not Acceptable)
1401 South Palmway
83
84 City Lake Worth FL 85 Zip Code 33460

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

Patricia C. Clager

April 27, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME ANDERSEN, LUCILLE M.
STREET ADDRESS 107 18TH AVENUE SOUTH
CITY-ST-ZIP LAKE WORTH FL
☒ DELETE

TITLE PD
NAME BOWER, KEN
STREET ADDRESS 1100 S. LAKESIDE DRIVE
CITY-ST-ZIP LAKE WORTH, FL 00000
☐ DELETE

TITLE VD
NAME MORRISSETTE, DAVE
STREET ADDRESS 601 S PALMWAY
CITY-ST-ZIP LAKE WORTH, FL 00000 33460
☒ DELETE

TITLE VD
NAME CLAGER, PAT
STREET ADDRESS 1401 S. PALMWAY
CITY-ST-ZIP LAKE WORTH FL 33460
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Balch, Pat
1.3 STREET ADDRESS 512 South Palmway
1.4 CITY-ST-ZIP Lake Worth, Florida 33460
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME Brower, Ken
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

3.1 TITLE S
3.2 NAME Chapnick, Sharon
3.3 STREET ADDRESS 1216 South Lakeside Drive
3.4 CITY-ST-ZIP Lake Worth, Florida 33460
☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☒ Change ☐ Addition

5.1 TITLE S
5.2 NAME Joanne Kelly
5.3 STREET ADDRESS 1202 South Lakeside Drive
5.4 CITY-ST-ZIP Lake Worth, Florida 33460
☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Philip Modenos
6.3 STREET ADDRESS 1431 South Palmway
6.4 CITY-ST-ZIP Lake Worth, Florida 33460
☐ Change ☒ Addition

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: Patricia C. Clager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 27, 1999 (561) 586-3590
Daytime Phone #

CR2E037 (11/98)