

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707779 (5)**  
1. Corporation Name  
**ALBERT LAKES GARDEN CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>C/O EUGENE E. SHUEY, P.A. 1400 CENTREPARK BLVD., SUITE 660 W. PALM BEACH FL 33401</b>	Mailing Address <b>C/O EUGENE E. SHUEY, P.A. 1400 CENTREPARK BLVD., SUITE 660 W. PALM BEACH FL 33401</b>
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3. Date Incorporated or Qualified  
**09/09/1964**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SHUEY, EUGENE E  
1939 BELL LANE  
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name **H.W. "HANK" MASSEY, JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1877 EMILIO LANE**

83

84 City **W. PALM BEACH** FL 85 Zip Code **33406**

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 BY [Signature] PRESIDENT DATE 3/31/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSEY, HANK JR. 1877 EMILIO LANE W. PALM BEACH FL 33406	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IYAMPILLAI, ARUN 1920 RICHARD LANE W. PALM BEACH FL 33406	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TITTLE, TRACY 1787 BELL LANE W. PALM BEACH FL 33406	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLAUS, HENRY 1836 RICHARD LANE WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<del>KAYE GRANLEY TREASURER</del> <b>KAYE GRANLEY</b> <b>1852 EMILIO LANE</b> <b>W. PALM BEACH, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>DEANIS TISHKOWSKY</b> <b>1944 BELL LANE</b> <b>W. PALM BEACH, FL 33406</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 a address.

SIGNATURE: BY [Signature] PRESIDENT DATE 3/31/98 561-428-1660

CR2E037 (10/97)