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FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90034 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709774

1. Corporation Name

PALM BAY CONDOMINIUM, INC.

Principal Place of Business

770 PALM BAY LANE
MIAMI FL 33138
US

Mailing Address

770 PALM BAY LANE
MIAMI FL 33138
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/18/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1112308	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

ROBERTS MANAGEMENT & REALTY CO., INC.
1840 NE 153RD STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CRITCHETT, DAN	1.1 TITLE	
NAME	770 PALM BAY LANE	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D POULOS, GEORGE	2.1 TITLE	DS TINA SIMCOX
NAME	770 PALM BAY LANE	2.2 NAME	770 PALM BAY LANE
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GALLAGHER, PHIL	3.1 TITLE	
NAME	770 PALM BAY LANE	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MOSHOLDER, CORINA	4.1 TITLE	D
NAME	770 PALM BAY LANE	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD ATLAS, RUSSELL	5.1 TITLE	DT KATHERINE LOVELAND
NAME	770 PALM BAY LANE	5.2 NAME	770 PALM BAY LANE
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	MIAMI, FL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)