## 4 22-98 \$ 5328C FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 729646

(0)

## THE ROYAL PALM AUDUBON SOCIETY, INC.

Principal Place of Business Mailing Address				
PO BOX 31 BOCA RATON FL 33429 US		P.O. BX 31 BOCA RATON FL 33429 US		3. Date Incorporated or Qualified  05/02/1974  4. FEI Number  Applied For
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	23-7242612   Not Applicable
21		26		Certificete of Status Desired     Section       Section      Section       Sectio
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. is this nonprofit corporation a homeowners/association?
23		28		☐ Yes 🔊 No
Z <sub>ID</sub>	Country	Zip	Country	This corporation owes or has paid the current year Intengible     Personal Property Tax due June 30.    Yes
24	25  9. Name and Address of Curr		30	Personal Property Tax due June 30. L. Yes ZNO  10. Name and Address of New Registered Agent
			81 Name	
SHOR, JOEL A.			0	(50 B A)
170 SPANISH RIVER BLVD., WEST			62 Street Add	dress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431			63	
			84 City	<b>■ 85</b> Zip Code
			City	FL   S   Zip Cods
11. Pursuant office or	to the provisions of Sections 617.0 registered agent, or both, in the Sta	502 and 617.1508, Florida Statutes are of Florida, Such change was au	s, the above-named cor uthorized by the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obl	ligations of, Section 617.0503, Flor	ida Statutes.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE		thore and title if any bankle	Registered Agent signature requ	drad when reinstaling) DATE
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE P	D Change □ Addition
NAME	HUNT, JOSEPH	,	1.2 NAME	July 18 IM
STREET ADDRESS	1300 NW 6TH ST.		1.3 STREET ADDRESS	Alternating Board Members
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TOTLE	VD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IRVING, MARY		2.2 NAME	
STREET ADDRESS	1200 NW 24TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	Llorere	2.4 CITY-ST-ZIP	T Our T Address
TITLE	TD DODDING DOTTIC	☐ DELETE	3.1 TITLE	Change Addition
NAME	ROBBINS, DOTTIE		3.2 NAME	·
STREET ADDRESS	1331 SW 12TH ST.   BOCA RATON FL		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	SD SD	DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME	PARMALLEE, ALAN		4.2 NAME	Lag regulation
STREET ADDRESS	4765 N.W. 6TH CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	HORN, ANN		5.2 NAME	
STREET ADDRESS	3094 ČADIZ RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 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:

ONLY 1. Provide Statutes. I further certify that the information indicated on this 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:

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

april 3, 1998 561 392 0173

Change

Addition

**FILED** 

Apr 22 1998 8:00am

Secretary of State