


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90052 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729951

1. Corporation Name

PARENTS WITHOUT PARTNERS CHAPTER 280, INC.

Principal Place of Business
 P.O. BOX 5707
 LAKE WORTH FL 33466-2707

Mailing Address
 P.O. BOX 5707
 LAKE WORTH FL 33466-2707



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 06/14/1974	
				4. FEI Number 23-7015010 Applied For Not Applicable	
				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	
9. Name and Address of Current Registered Agent SYRKUS, DAVID L 409 S.W. 4 ST. BOYNTON BCH. FL 33435				10. Name and Address of New Registered Agent 81 Name RUBIN, LAWRENCE 82 Street Address (P.O. Box Number is Not Acceptable) 61 VIA DE CASAS NORTE 83 84 City BOYNTON BEACH FL 85 Zip Code 33426	

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 LAURENCE RUBIN DATE 4-22-99
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, SUSAN		1.2 NAME	RUBIN, LAWRENCE	
STREET ADDRESS	4195 TURNBERRY CIRCLE, #803		1.3 STREET ADDRESS	61 VIA DE CASAS NORTE	
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ARLENE		2.2 NAME		
STREET ADDRESS	3790 SERUBI AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LJUNGGREN, KAREN		3.2 NAME		
STREET ADDRESS	3569 LIBBY COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIESTER, WILLIAM		4.2 NAME	RUBIN, LAWRENCE	
STREET ADDRESS	4070 WATERWAY DR		4.3 STREET ADDRESS	61 VIA DE CASAS NORTE	
CITY-ST-ZIP	LAKE WORTH FL 33461		4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DMVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DMVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODFELL, ROBERTA		5.2 NAME	WEBB, KAREN	
STREET ADDRESS	11110 SUMMIT PLACE CIR.		5.3 STREET ADDRESS	9281 CORRALVIEW	
CITY-ST-ZIP	W. PALM BCH FL 33415		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
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, with all other like empowered.

SIGNATURE: LAURENCE RUBIN DATE 4-22-99 TELEPHONE 561-368-4025
(Signature typed or printed name of signing officer or director)

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CR2E037 (11/98)