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**Mar 08, 1999 8:00 am**  
**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 # 745464**

1. Corporation Name

**PALM BEACH WHOLESALE GROWERS ASSOCIATION, INC.**

Principal Place of Business

13121 N. MILITARY TRAIL  
DELRAY BEACH FL 33484  
US

Mailing Address

13121 N. MILITARY TRAIL  
DELRAY BEACH FL 33484  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/29/1978

4. FEI Number

59-1886632

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

~~SOFILO, DONNA M.C.P.A.  
1325 SOUTH CONGRESS AVE.  
STE. #259  
BOYNTON BEACH FL 33426~~

10. Name and Address of New Registered Agent

81 Name **JOHN F. FROELICH CPA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12773 W. FOREST HILL BLVD.**  
83 **SUITE 1201**  
84 City **WELLINGTON** FL 85 Zip Code **33414**

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

**2/24/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FORD, PAT	
STREET ADDRESS	17564 N STATE RD 7	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MUNTZ, PATRICK	
STREET ADDRESS	5275 STEINER RD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALIBERTI, JOE	
STREET ADDRESS	3604 C RD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEWART, SUE	
STREET ADDRESS	8289 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYD, WILLIAM	
STREET ADDRESS	7677 S MILITARY TR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MUNTZ, PATRICK	
STREET ADDRESS	5275 STEINER RD	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUNTZ, PATRICK	
1.3 STREET ADDRESS	5275 STEINER RD	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FORD, PAT	
2.3 STREET ADDRESS	8400 96 COURT S.	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CALIBERTI, JOE	
3.3 STREET ADDRESS	3604 C RD.	
3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOYD, WILLIAM	
5.3 STREET ADDRESS	7677 S. MILITARY TR	
5.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCDUGALD, JEFF	
6.3 STREET ADDRESS	14068 SMITH SUNDY ROAD	
6.4 CITY-ST-ZIP	DELRAY BEACH FL 33446	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 561-968-6801

CR2E037 (11/98)