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Feb 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751701 (4)
1. Corporation Name
HUMAN RESOURCE MANAGEMENT ASSOCIATION OF PALM BEACH COUNTY, INC.



Principal Place of Business Mailing Address
BOX 17016 W PALM BEACH FL 33416-4016 **BOX 17016 W PALM BEACH FL 33416-7016**

3. Date Incorporated or Qualified **03/25/1980** 3a. Date of Last Report **04/11/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 52-1351992	Applied For <input type="checkbox"/> 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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ASTER, DEBORAH 7501 N. JOG RD WEST PALM BEACH FL 33412	10. Name and Address of New Registered Agent 81 Name Schmidt, Kathryn W. 82 Street Address (P.O. Box Number is Not Acceptable) St Lucie West Country Club 83 951 S W Country Club Drive 84 City Port St Lucie FL 85 Zip Code 34986
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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 Kathryn Schmidt **Schmidt, Kathryn W.** **2/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DYAK, JAMES		1.2 NAME Shelby Wood	
STREET ADDRESS ONE HARVARD CIRCLE		1.3 STREET ADDRESS #5 North A1A Jupiter Beach Resort	
CITY-ST-ZIP WEST PALM BEACH FL 33409		1.4 CITY-ST-ZIP Jupiter FL 33477	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASTER, DEBORAH		2.2 NAME Schmidt, Kathryn W	
STREET ADDRESS 7501 N JOG RD		2.3 STREET ADDRESS 951 S W Country Club Drive	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP Port St Lucie FL 34986	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMIDT, KATHY		3.2 NAME Hederman, Paul	
STREET ADDRESS 401 E. LINTON BLVD		3.3 STREET ADDRESS 1440 W Indiantown Road	
CITY-ST-ZIP DELRAY BEACH FL 33483		3.4 CITY-ST-ZIP Jupiter FL 33468-9605	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHANNON, STEVE		4.2 NAME Shannon, Steve	
STREET ADDRESS 2255 GLADES RD STE 324 A		4.3 STREET ADDRESS 3825 Sabal Lakes Rd	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP Delray Beach FL 33445	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do 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: Steve Shannon **SHANNON** **2/10/97** **496-5135**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041400

CR2E037 (9/96)