

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751701 (4)
1. Corporation Name
HUMAN RESOURCE MANAGEMENT ASSOCIATION OF PALM BEACH COUNTY, INC.



Principal Place of Business BOX 17016 W PALM BEACH FL 33416-4016	Mailing Address BOX 17016 W PALM BEACH FL 33416-4016
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3. Date Incorporated or Qualified 03/25/1980	
4. FEI Number 52-1351992	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SCHMIDT, KATHRYN W
ST LUCIE WEST COUNTRY CLUB
951 SW COUNTRY CLUB DR
PORT ST LUCIE FL 34986**

10. Name and Address of New Registered Agent

81 Name DIAS, RONALD F.	
82 Street Address (P.O. Box Number is Not Acceptable) THE M.I.G. COMPANIES	
83 250 AUSTRALIAN AVE SO - SUITE 400	
84 City WEST PALM BEACH	85 Zip Code FL 33401

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: *Ronald Dias* **Ronald Dias** DATE: **1/10/98**

12. OFFICERS AND DIRECTORS

TITLE SD	NAME WOOD, SHELBY	<input type="checkbox"/> DELETE
STREET ADDRESS #5 N A1A JUPITER BCH RESORT	CITY-ST-ZIP JUPITER FL	
TITLE VP	NAME HEDERMAN, PAUL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1440 W INDIANTOWN RD	CITY-ST-ZIP JUPITER FL	
TITLE PD	NAME SCHMIDT, KATHY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 951 SW COUNTRY CLUB DR	CITY-ST-ZIP PORT ST LUCIE FL	
TITLE TD	NAME SHANNON, STEVE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3825 SABAL LAKES RD	CITY-ST-ZIP DELRAY BCH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD	1.2 NAME WOOD, SHELBY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 5900 AUSTRALIAN AVE	1.4 CITY-ST-ZIP WEST PALM BEACH FL 33407	
2.1 TITLE VPD	2.2 NAME RITA CRAIG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS 2271 LAUREL LANE	2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	
3.1 TITLE PD	3.2 NAME DIAS, RONALD F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS 250 AUSTRALIAN AVE SO - SUITE 400	3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
4.1 TITLE TD	4.2 NAME EDLEMAN, ANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS 585 TOXAWAY DR	4.4 CITY-ST-ZIP WEST PALM BEACH FL 33413	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	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.

SIGNATURE: *Ann K Edleman* **Ann K. Edleman** DATE: **1/8/98** PHONE: **561-791-4924**

CR2E037 (10/97)