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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90037 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 # 751814

1. Corporation Name

WARDEN HOUSE ASSOCIATES, INC.

Principal Place of Business

C/O ISLAND REALTY & PROPERTY MGMT. INC.
139 NORTH COUNTY ROAD, SUITE 27
PALM BEACH FL 33480

Mailing Address

C/O ISLAND REALTY & PROPERTY MGMT. INC.
139 NORTH COUNTY ROAD, SUITE 27
PALM BEACH FL 33480



2. Principal Place of Business

21 **200 No Ocean Blvd**

Suite, Apt. #, etc.

22 City & State

23 **Palm Beach FL**

24 Zip

33480

25 Country

USA

2a. Mailing Address

26 **2994 Jog Rd**

Suite, Apt. #, etc.

27 # B

28 City & State

Greenacres

29 Zip

33467

30 Country

USA

3. Date Incorporated or Qualified

04/01/1980

4. FEI Number

59-2405394

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

PARKEY, DRINA C
139 NORTH COUNTY ROAD, #27
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name **Richard H. Gerrish**

82 Street Address (P.O. Box Number is Not Acceptable)

c/o CMC Mngt.

83 **2994 Jog Rd #B**

84 City **Greenacres**

FL

85 Zip Code

33467

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]
 Signature, typed or printed name of registered agent and title if applicable.

R. H. Gerrish
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
 NAME **FORSYTHE, CARL S III**
 STREET ADDRESS **420 LEXINGTON AVENUE**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **VTD** ☐ DELETE
 NAME **LEVIN, HOWARD**
 STREET ADDRESS **200 N OCEAN BLVD #3**
 CITY-ST-ZIP **PALM BCH, FL 00000**

TITLE **SD** ☒ DELETE
 NAME **PARKEY, DRINA**
 STREET ADDRESS **139 NORTH COUNTY ROAD, #27**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME **SD Marcia Kay**
 4.3 STREET ADDRESS **200 No. Ocean Blvd. #6**
 4.4 CITY-ST-ZIP **Palm Beach FL 33480**

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 **561 832 8320**
 Date Daytime Phone #

CR2E037 (11/98)