FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

753091

(8)

PALMWAY CONDOMINIUM APARTMENTS ASSOCIATION, INC.

								#11 1	
Principal Place of Business Mailing Address						f in diet i junt mit ger tibile maten ener	y dies militi Enert Annia essail Aibus and	† 11. (6 8)	
798 NW 15TH AVE BOCA RATON FL 33486-2018			798 NW 15TH AVE BOCA RATON FL 33486-2018						
						3. Date Incorporated or Qualified 06/24/1980	3a. Date of Last Repor 04/02/1996	t	
2. Principal Pi	ace of Business	2a. Mailing a	2a. Mailing Address 26			4. FEI Number 59-2087110	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required	
City & State	3	City & S 28	tate			Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe		
Zip	Country	Zip		Count	ry	8. This corporation has liability for) .032,	
24	25	29		30			Yes No		
	9. Name and Address of C	urrent Registered Ag	ent	8	1 Nama	10. Name and Address of New F	egistered Agent		
				•	1 Name	1			
	James J Icean ave					ddress (P.O. Box Number is Not Accept	ible)		
BOYNTO	N BEACH FL 33435			8	3				
					4 City		FL 85 Zip Code		
11. Pursuant office or reagent I a	to the provisions of Sections 61 egistered agent, or both, in the m familiar with, and accept the	7.0502 and 617.1508, State of Florida. Such obligations of, Section	Florida Statut change was a 617.0503, Flo	tes, the abc authorized orida Statut	ve-named o by the corpo es.	orporation submits this statement for the vation's board of directors. I hereby acc	purpose of changing its reg ept the appointment as regin	gistered stered	
SIGNATURE				T					
40	Signature, typed or printed name of register	ared agent and title if applicable	(NOT	E: Registered A	gent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	112	
12.	VTD		DELETE	1.1 TITU		ADDITIONS/CHANGES TO OFF		Addition	
Y	ARNOLD, ELAINE T	L		1.2 NAM			C orange C) Addition	
NAME	798 NW 15TH AVENUE			4					
STREET ADDRESS	BOCA RATON FL				ET ADDRESS				
CITY-ST-ZIP	PD		DELETE	1.4 CITY			☐ Change ☐	Addition	
TITLE		L	DELETE	2.1 11114	1			ן אסטיייטאר <u>ן</u>	
NAME	WEISS, AMY A 2298 SE 4 ST			2.2 NAM	i			ĺ	
STREET ADDRESS	BOYNTON BCH FL				ET ADDRESS				
CITY-ST-ZIP	D DOTTON BOTT FL		DELETE		- ST- ZIP		Change	Addition	
TITLE	MORAN, JAMES J	L		3.1 TITL			F1 C130190 F	ן ווטואשטרו ן	
NAME	640 E OCEAN AVE			3.2 NAM	1]	
STREET ADDRESS					ET ADDRESS				
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NAME				4. 2 NAN	-				
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NAME				5 2 NAM					
STREET ADDRESS					ET ADDRESS				
CITY - ST - ZIP			DELETE		- ST - ZIP			Addis:	
TITLE		L	DELETE	6.1 TITLE			L. Change L.	Addition	
NAME				6.2 NAM				İ	
STREET ADDRESS				6.3 STRE	ET ADDRESS				

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 Statutas. 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 frustee 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY - ST - ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9.7 561/392-51/0 Day/me Phone # 004497

FILED

Jan 17 1997 8:00am

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Secretary of State