FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:02

DOCUMENT # 755272 (2)

1. Corporation Name

PALM BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
235 SUNRISE AVE PALM BEACH FL 33480-3812	235 SUNRISE AVE PALM BEACH FL 33480-3812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1980
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2071128 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FRIEDLAND, KIRK
501 SOUTH FLAGLER DRIVE
SUITE 505
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	VP,D	☑ Change ☐ Addition
NAME	GRACE, JOHN	1.2 NAME	GRACE, JOHN.	TITLE only.
STREET ADDRESS	2209 FAIRMONT AVE.	1.3 STREET ADDRESS	2209 FAIRMONT AVE	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	NASHVILLE, TN.	
TITLE	~~VPD~~	2.1 TITLE	P,D	☑ Change ☐ Addition
NAME	CHRISTENSON, PAUL	2.2 NAME	CHRISTENSON PAUL	TITLE only.
STREET ADDRESS	320 MANGO PROMENADE	2.3 STREET ADDRESS	320 MANGO PROMENADE	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	W. PALM BEACH, FL	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, ALLEN	3.2 NAME		
STREET ADDRESS	730 NE 20TH LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON FL	3.4 CITY-ST-ZIP		
TITLE	~~TD~~	4.1 TITLE	T	☐ Change ☑ Addition
NAME	~~BLANCHARD, JACK~~	4.2 NAME	MCCUNE, MANEA.	
STREET ADDRESS	~~247 SUNRISE AVE~~	4.3 STREET ADDRESS	320 MANGO PROMENADE	
CITY-ST-ZIP	~~PALM BEACH FL~~	4.4 CITY-ST-ZIP	W. PALM BEACH, FL.	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CASSIDY, JOHN C	5.2 NAME		
STREET ADDRESS	501 FERN STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: _____ 1/25/95 (407) 659 7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0013041