

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified 12/01/1980	3a. Date of Last Report 03/09/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title in applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD D	1.1 TITLE	☐ Change ☒ Addition
NAME	GRACE, JOHN	1.2 NAME	
STREET ADDRESS	2209 FAIRMONT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSON, PAUL	2.2 NAME	
STREET ADDRESS	320 MANGO PROMENADE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD VPD	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 PD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCUNE, MAYRA MAURA	4.2 NAME	
STREET ADDRESS	320 MANGO PROMENADE PROMENADE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURA MCCUNE, PRESIDENT

1/17/96 (42) 659-7794

Date

Daytime Phone #

CR2E037 (12/95)