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Jan 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755272** (2)
1. Corporation Name
PALM BEACH HOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 235 SUNRISE AVE PALM BEACH FL 33480-3812	Mailing Address 235 SUNRISE AVE PALM BEACH FL 33480-3812
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3. Date Incorporated or Qualified 12/01/1980	3a. Date of Last Report 01/29/1996
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	

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

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHAUGHNESSY, AMY PALM BEACH, 235 SUNRISE PALM BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHERMAN, ALLEN 730 N.E. 20TH LANE BOYNTON FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAURA MCCUNE 320 MANGO PROMENADE W. PALM BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASSIDY, JOHN C 501 FERN STREET WEST PALM BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT - DIRECTOR SHAUGHNESSY, AMY 235 SUNRISE AVE PALM BEACH FLORIDA 33480 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DIRECTOR SHERMAN, ALLEN 730 N.E. 20TH LANE BOYNTON BEACH, FLORIDA ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SECRETARY - TREASURER MCCUNE, MAURA 320 MANGO PROMENADE W PALM BEACH, FLORIDA 33480 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VICE PRESIDENT. DIRECTOR CASSIDY, JOHN C 501 FERN ST. W PALM BEACH, FLORIDA ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DIRECTOR GRACE, JOHN 3309 FAIRMONT DRIVE NASHVILLE, TN 37203 ☐ Change ☒ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 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
1/6/97 (601) 659-7794

CR2E037 (9/96)