

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 # 757123 (5)
1. Corporation Name

PALMETTO CONDOMINIUM ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 660 LINTON BLVD. 202 DELRAY BEACH FL 33444 US | 660 LINTON BLVD. 202 DELRAY BEACH FL 33444 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/08/1981 | 3a. Date of Last Report 03/17/1995 |
| 4. FEI Number 59-2117434 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

D.F. GOUVERT ENTERPRISES INC.
660 W. LINTON BLVD.
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | FARBMAN, MURRAY | |
| STREET ADDRESS | 5220 LAS VERDES CIRCLE 2 | |
| CITY-ST-ZIP | DELRAY BCH, FL 00000 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | NADLER, RUSSEL | |
| STREET ADDRESS | 5220 LAS VERDES CIRCLE | |
| CITY-ST-ZIP | DELRAY BCH, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LEVIN, HYMAN | |
| STREET ADDRESS | 5220 LAS VERDES CIRCLE 2 | |
| CITY-ST-ZIP | DELRAY BCH, FL 00000 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | ZITTER, JOSEPH | |
| STREET ADDRESS | 5220 LAS VERDES CIRCLE | |
| CITY-ST-ZIP | DELRAY BCH, FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DT |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MARVIN KOENIG |
| 4.3 STREET ADDRESS | 5220 LAS VERDES CIRCLE |
| 4.4 CITY-ST-ZIP | DELRAY BEACH, FL |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | PD |
| 5.3 STREET ADDRESS | NICHAELO D'ANGELO |
| 5.4 CITY-ST-ZIP | 5220 LAS VERDES CIRCLE DELRAY BEACH, FL |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | VD |
| 6.3 STREET ADDRESS | NORTON ROUNICK |
| 6.4 CITY-ST-ZIP | 5220 LAS VERDES CIRCLE DELRAY BEACH, FL |

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: Michael D'Anselo 4/1/96 407-485-4965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)