

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90079 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757123

1. Corporation Name

PALMETTO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

660 LINTON BLVD.  
202  
DELRAY BEACH FL 33444  
US

Mailing Address

660 LINTON BLVD.  
202  
DELRAY BEACH FL 33444  
US



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/08/1981
22	22	27	27	4	4. FEI Number
	City & State		City & State		59-2117434
23	23	28	28	5	5. Certificate of Status Desired <input type="checkbox"/>
	Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required
24	24	29	29	6	6. Election Campaign Financing <input type="checkbox"/>
	Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVIN, SONDR	1.2 NAME	
STREET ADDRESS	5220 LAS VERDES CR 320	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD LIEBERMAN	2.2 NAME	
STREET ADDRESS	5220 LAS VERDES CIR #106	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN LEVIN	3.2 NAME	
STREET ADDRESS	5220 LAS VERDES CIR #308	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000 33484	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOENIG, MARVIN	4.2 NAME	
STREET ADDRESS	5220 LAS VERDES CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/99 (301) 496-4864

CR2E037 (11/98)